

Name
in
Full

Charles E. Adkins

CERTIFICATE OF DEATH

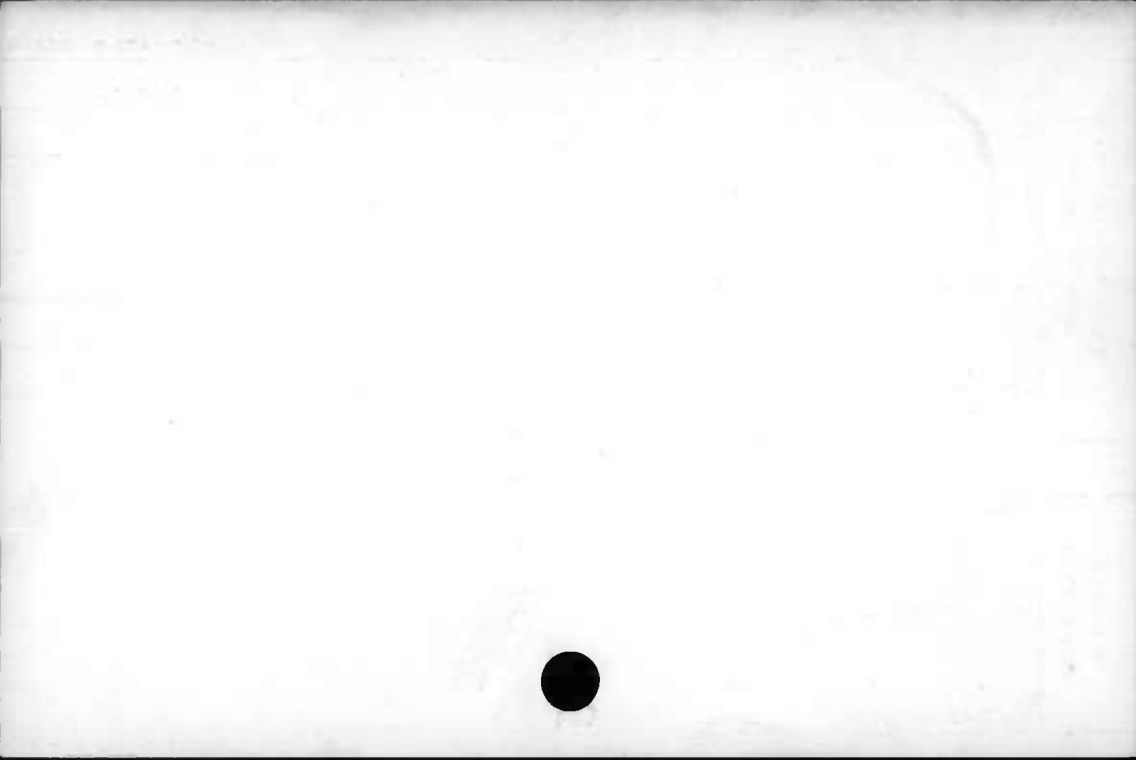
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month <i>Aug.</i>	Day <i>24</i>	Years <i>33</i>	Months —	Days —	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Barpunter</i>		Where Residing if not at place of death <i>Cambridge</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Daisy Adkins</i>					
Father's Name <i>Levin Adkins</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Sarah Coulbourne</i>		Mother's Birthplace "					
Name of person giving Information <i>James Adkins</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>5 weeks</i>
Immediate <i>Hemorrhage</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E E Wolff</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide	



Name
in
Full

Infant of Edward & Mary Bailey

CERTIFICATE OF DEATH

MARYLAND

Died at Cambridge

County

Date of death 1908 Aug 30 th Age — Years — Months — Days 2Sex Male Color or Race Colored Birth-place Cambridge MdOccupation — Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name Edward Bailey Father's Birthplace Dorchester CoMother's Maiden Name Mary Wilson Mother's Birthplace Dorchester CoName of person giving information Mary Wilson How related to deceased Mother

CAUSES OF DEATH

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Primary How long

Immediate Inanition How long 2 daysAre the name, age, sex, color, date and place correctly given above? Yes

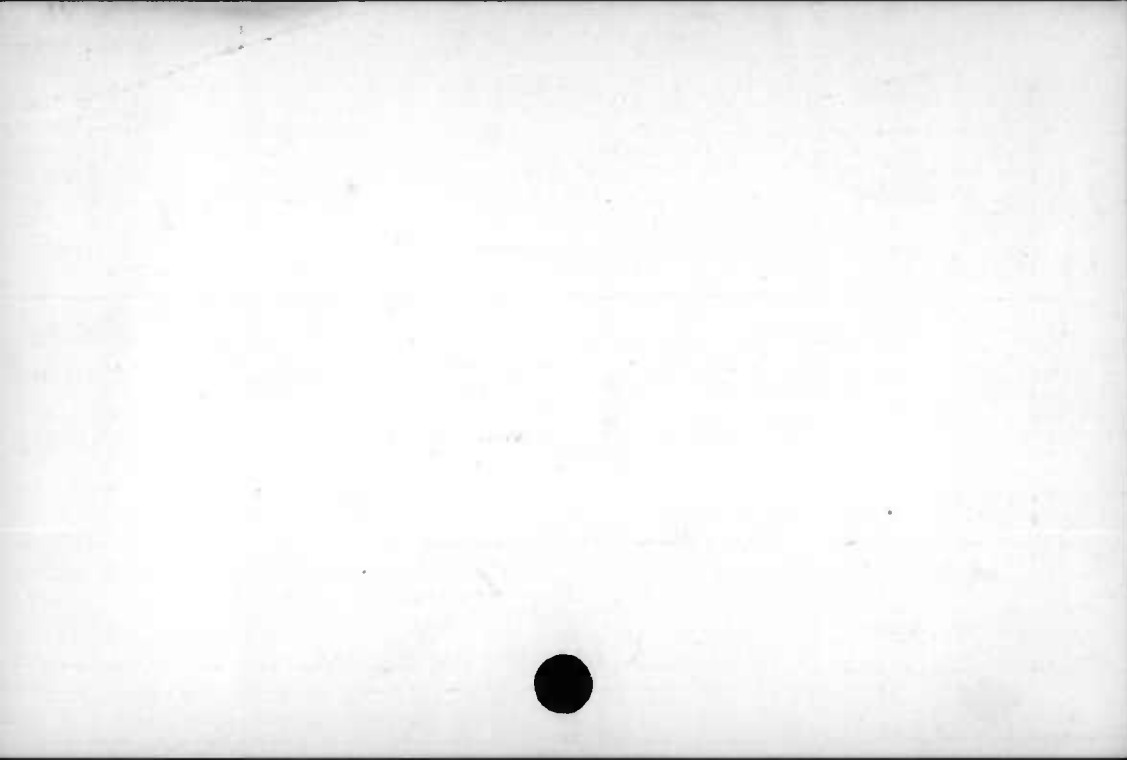
Signature of Physician

Address

Dexter J. Reynolds

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sangston G. Bell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Toddsville* Town*Berchesler* County

MARYLAND

Date of death *1908 August 31st* Month DayAge *32* YearsMonths *1*Days *4*Sex *male*Color or Race *White*Birth-place *Berchesler Co. Md.*Occupation *Dysmenstruist*

Where Residing if not at place of death

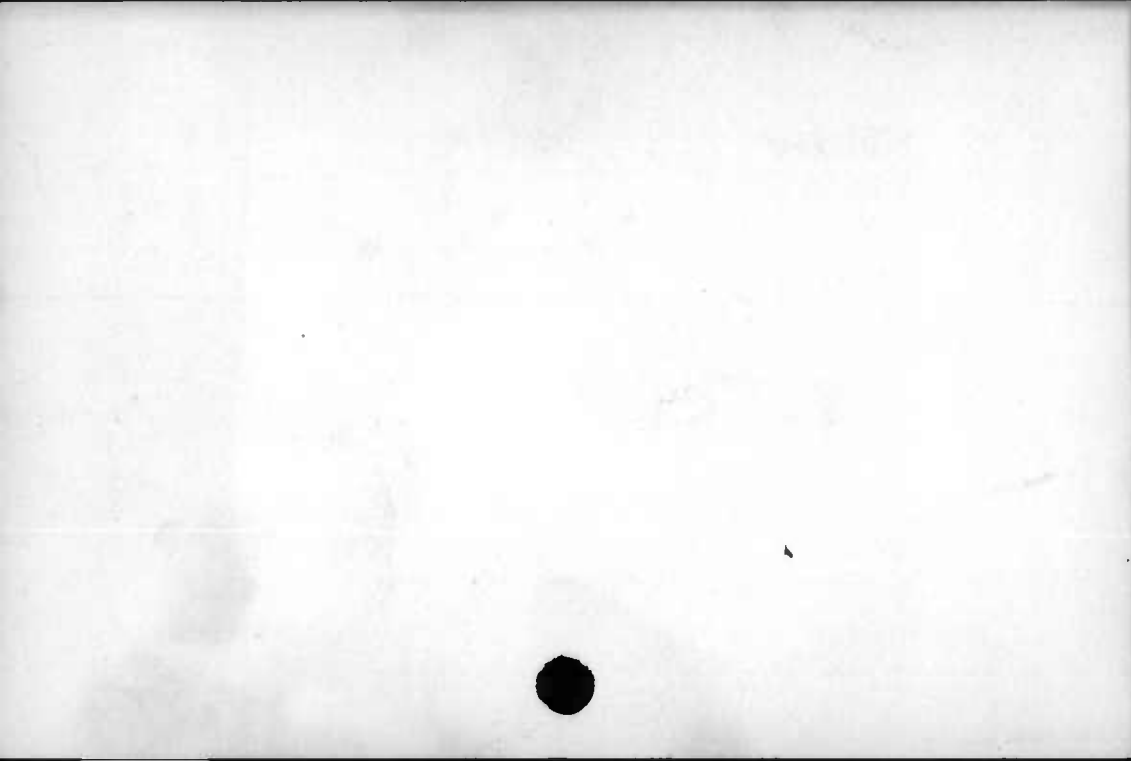
Married, Single or Widowed *Married*Name of Wife or Husband *Olivia Meredith*Father's Name *Charles H. Bell.*Father's Birthplace *Balto Md.*Mother's Maiden Name *Serena Horsman.*Mother's Birthplace *Berchesler Co. Md.*Name of person giving information *Chas. H. Bell.*How related to deceased *Father.*

CAUSES OF DEATH

Primary *Typhoid Fever*How long *4 weeks.*Immediate *Internal Hemorrhage.*How long *20 hours.*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Percy Stansbury*Address *Crapo.**Ber Co. Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

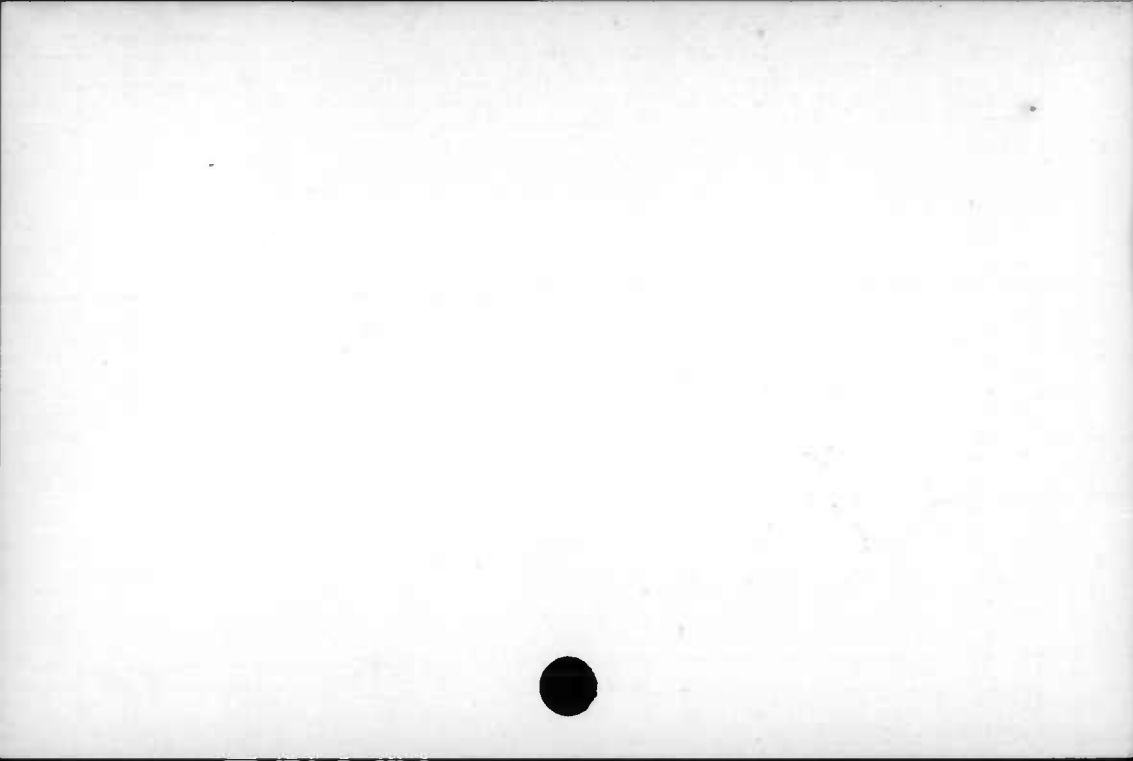
Died at <i>Near Madison</i> ^{Town}		<i>Bell</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug.</i>	Day <i>9</i>	Age <i>70</i>	Months <i>11</i>	Days <i>one</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dr. Co. Md.</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Winfield H. Bell</i>			Father's Birthplace <i>Dr. Co. Md.</i>		
Mother's Maiden Name <i>Erna H. Stephens</i>			Mother's Birthplace <i>Balt. City</i>		
Name of person giving information <i>W. H. Bell</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>One day</i>
Immediate <i>Undeveloped Condition</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. L. Smith M.D.</i>
	Address <i>Madison, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James</i> ^{Town}		<i>Bennett</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month} <i>Aug</i> ^{Day} <i>4</i>	Age	<i>0</i> ^{Years}	Months	<i>1</i> ^{Days} <i>20</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>James</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>none</i>			
Father's Name	<i>Howard P Bennett</i>			Father's Birthplace	<i>Thomas Ind</i>
Mother's Maiden Name	<i>Mattie M. Marshall</i>			Mother's Birthplace	<i>James Ind</i>
Name of person giving information	<i>H P Bennett</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>—</i>
Immediate	<i>Enterocolitis</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>S. A. Stokes</i>
		Address	<i>Cornettsville Ind</i>
Accident or Suicide?			



Name
in
Full

Mrs Sarah Blades

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

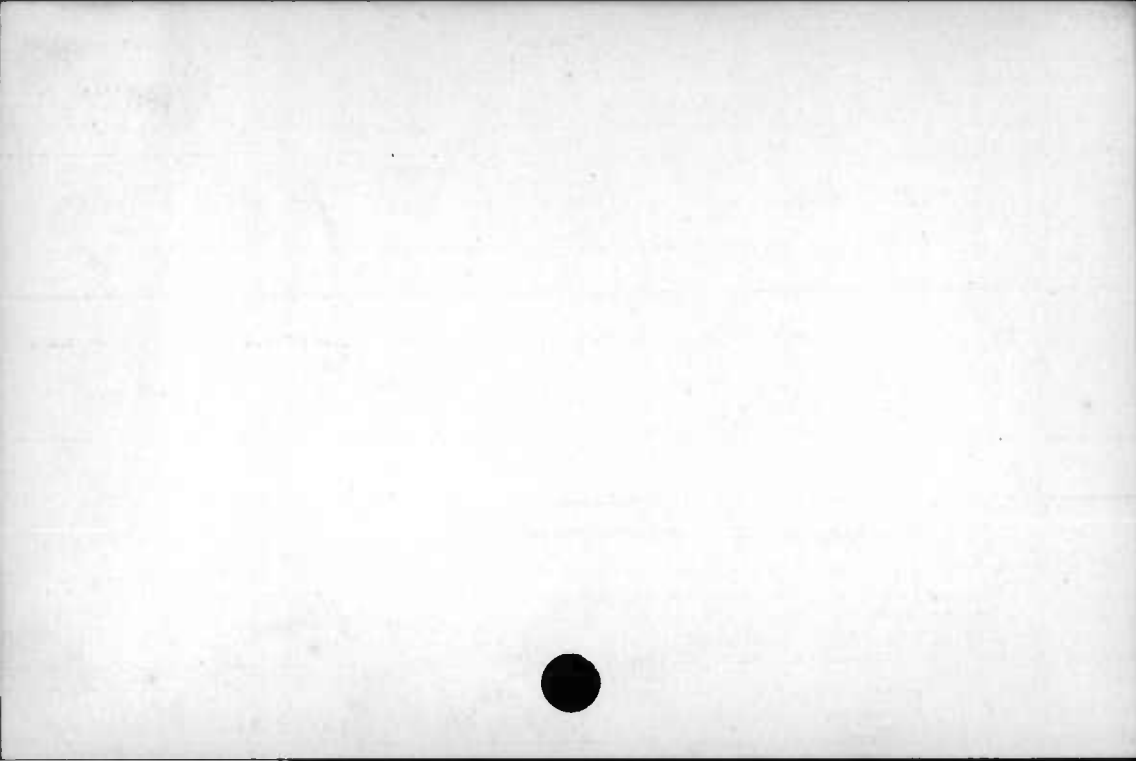
Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>August</u>	Day <u>28</u>	Age <u>66</u> <small>Years</small>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>don't know</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Unobtainable</u>			
Father's Name <u>Wm. Sandesfield</u>			Father's Birthplace <u>Carlisle Co</u>		
Mother's Maiden Name <u>Sarah Lashfield</u>			Mother's Birthplace <u>Carlisle Co</u>		
Name of person giving information <u>Allen Blades</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

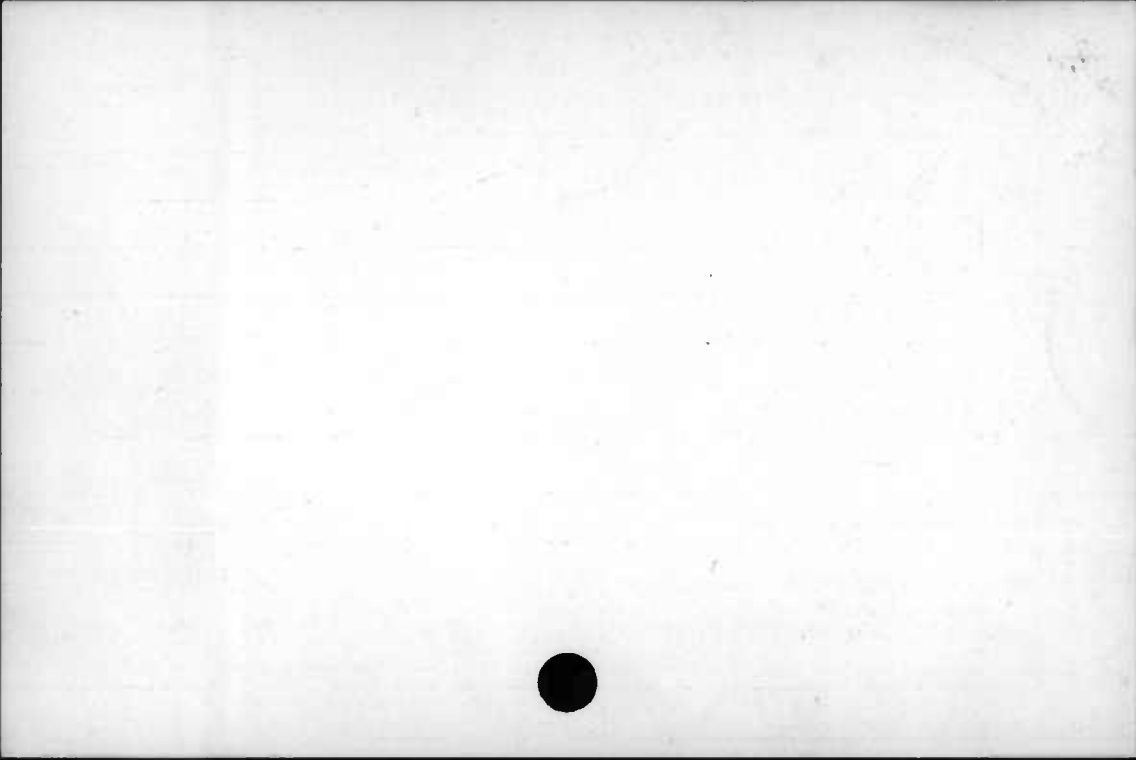
108

PHYSICIAN
OR CORONER

Primary <u>Intestinal Obstruction</u>	How long <u>6 or 7 days</u>
Immediate <u>Toxaemia</u>	How long <u>10 or 12 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Wolff</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide? <u> </u>	

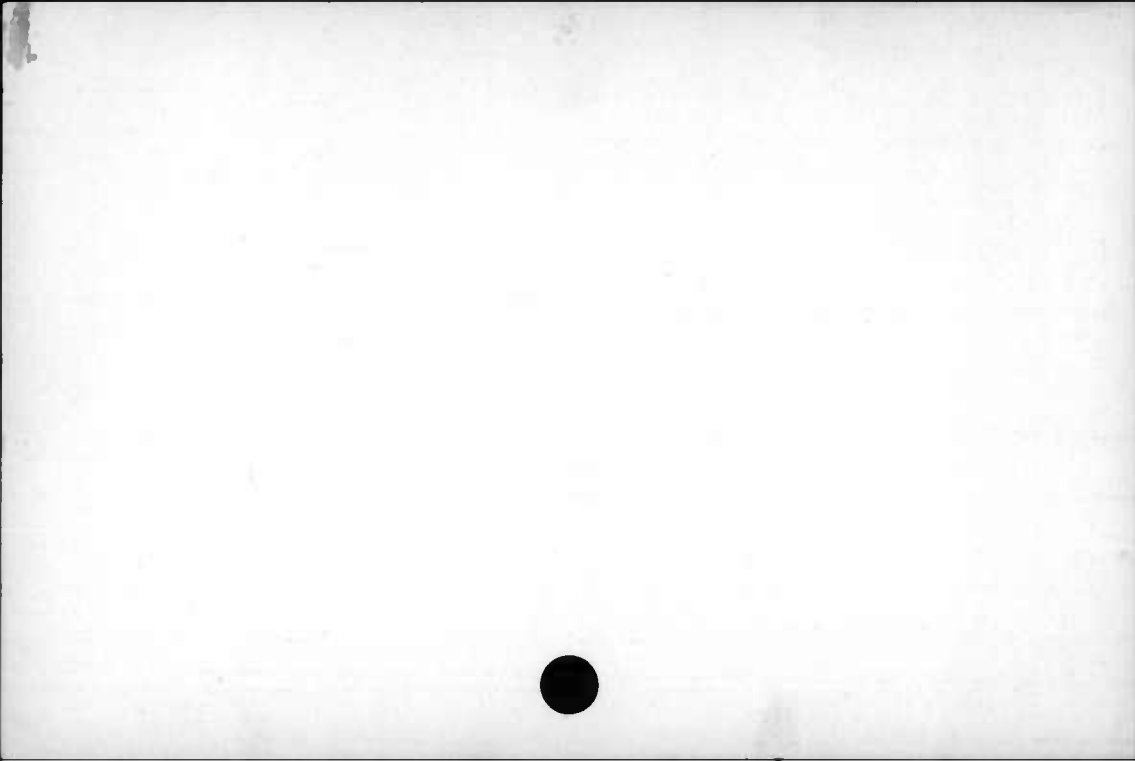


Name in Full Florence Brown		CERTIFICATE OF DEATH	
Died at Cambridge Town		Dorchester County	
Date of death 1908 Aug 4		Age 29	
Sex Female		Color or Race Colored	
Occupation Housewife		Where Residing if not at place of death	
Married, Single or Widowed Married		Name of Wife or Husband James Brown	
Father's Name Lewis Woleford		Father's Birthplace Cambridge	
Mother's Maiden Name Cassie Kerr		Mother's Birthplace Cambridge	
Name of person giving information William Kerr		How related to deceased Uncle	
CAUSES OF DEATH			
Primary Cause of Death Cancer of Stomach		How long 40 lingering	
Immediate "		How long "	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician No Physician	
		Address Clement Sullivan	
Accident or Suicide?		Justice of the Peace & Sub. Registrar	



Name in Full		Robert W Cephus				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Williamsburg			County Dor			MARYLAND		
	Date of death	1908	Month 8	Day 29	Age 43	Months	Days			
	Sex	male			Color or Race	black			Birth-place	Dor Co
	Married, Single or Widowed				Occupation	Laborer				
	Name of Wife or Husband	Willie C Johnson								
	Father's Name	John Cephus				Father's Birthplace	Dor Co			
	Mother's Maiden Name	Rachel Stouley				Mother's Birthplace	Dor Co			
Name of person giving information	Rachel Cephus				How related to deceased	mother				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Scaeded				How long	1 week			
	Immediate	the same				How long	1 week			
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	E. Rogers Myers			
						Address	Harpers			
	Accident or Suicide?						md			

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Name
in
Full

Northampton Esau Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1908	Month Aug	Day 19	Age 27	Years 5	Months 15
Sex Male		Color or Race Colored		Birth- place Cambridge			
Occupation Clerk		Where Residing if not at place of death Cambridge Ma					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Esau P. Coleman		Father's Birthplace Colesburg Iowa					
Mother's Maiden Name Eliza J. Sampson		Mother's Birthplace Salem					
Name of person giving In formation Will Coleman		How related to deceased Brother					

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Retro Peritoneal Hernia	How long	2 days
Immediate	Surgical Shock	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Martin W. Tolson	
		Address [Redacted]	
Accident or Suicide?			

Aug 1908

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Boys May Callish

Town *Edwards* County *Archives* MARYLAND

Died at *Mr Edwards*

Date of death *1908* Month *August* Day *5* Age *1* Years Months *9* Days *30*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Unknown* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Wm + Cecelia* Father's Birthplace *Del*

Mother's Maiden Name *Mary A. Adler* Mother's Birthplace *Del.*

Name of person giving information *Wm Callish* How related to deceased *Sister*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONERPrimary *Chorea Infantum*

How long

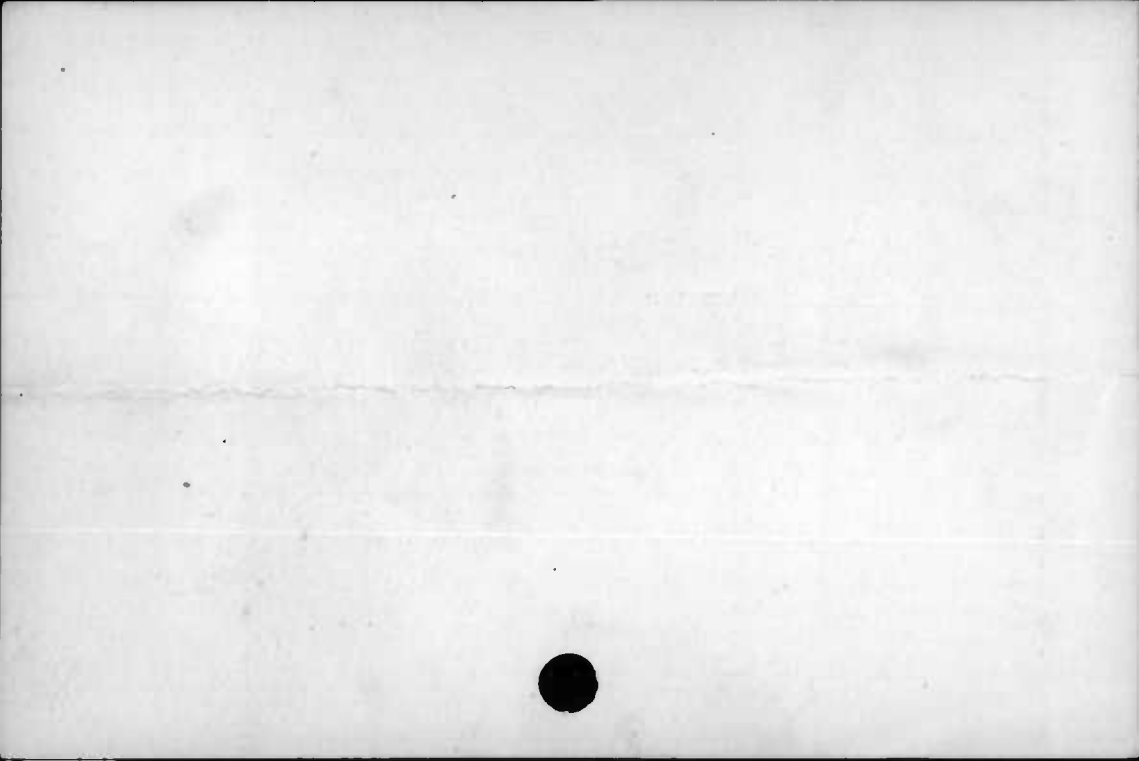
Immediate *Heart failure*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Raymond Downes*Address *Proctor*

Accident or Suicide?



Name
in
Full

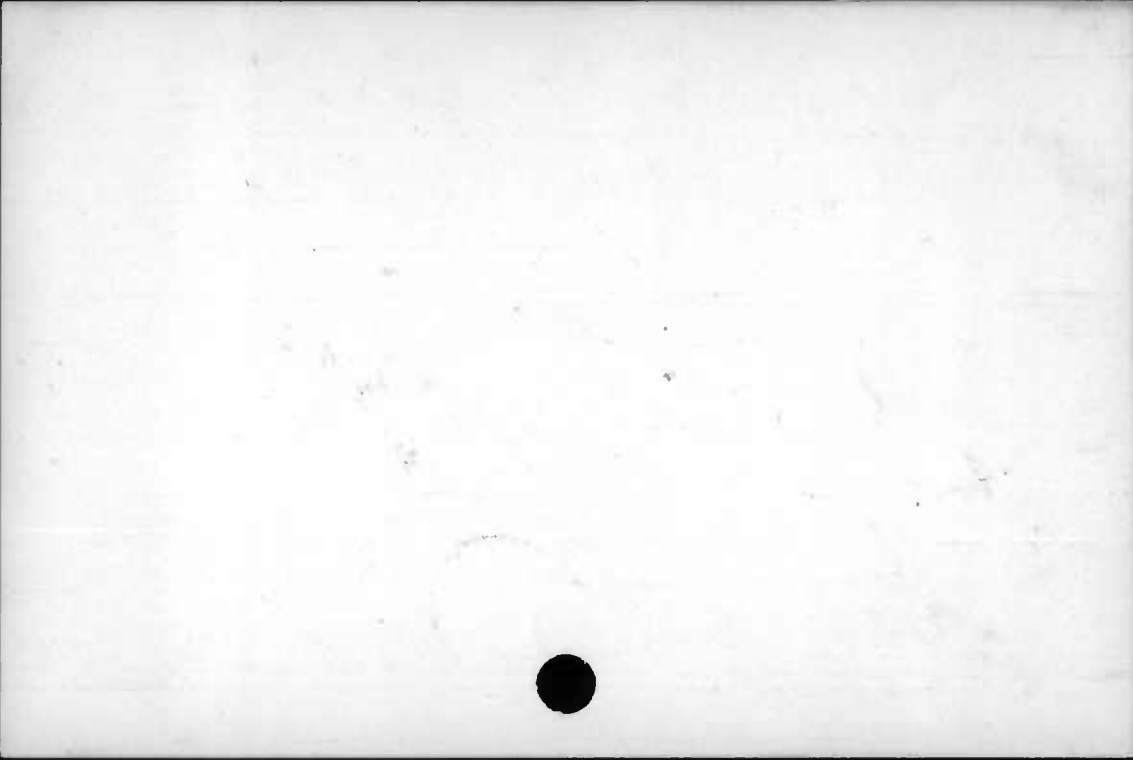
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1908	Month <i>Aug</i>	Day <i>5th</i>	Age <i>10</i>	Years	Months <i>7</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth place <i>Dorchester Co</i>				
Occupation <i>~~~~~</i>				Where Residing if not at place of death <i>~~~~~</i>			
Married, Single or Widowed <i>Single</i>		Names of Wife or Husband <i>~~~~~</i>					
Father's Name <i>Peter McCready</i>		Father's Birthplace <i>Dorchester Co</i>					
Mother's Maiden Name <i>Laura Spicer</i>		Mother's Birthplace <i>Dorchester Co</i>					
Name of person giving Information <i>Laura Spicer</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Typhoid Fever</i>	How long <i>14 days</i>
	Immediate	<i>Cardiac Failure</i>	How long <i>one day</i>
	Are the name, age, sex, color, date and place correctly given above?		
	Yes		
Signature of Physician <i>Dexter S. Reynolds</i>		Address <i>Cambridge Md</i>	
Accident or Suicide?			



Name
in
Full

Susan Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

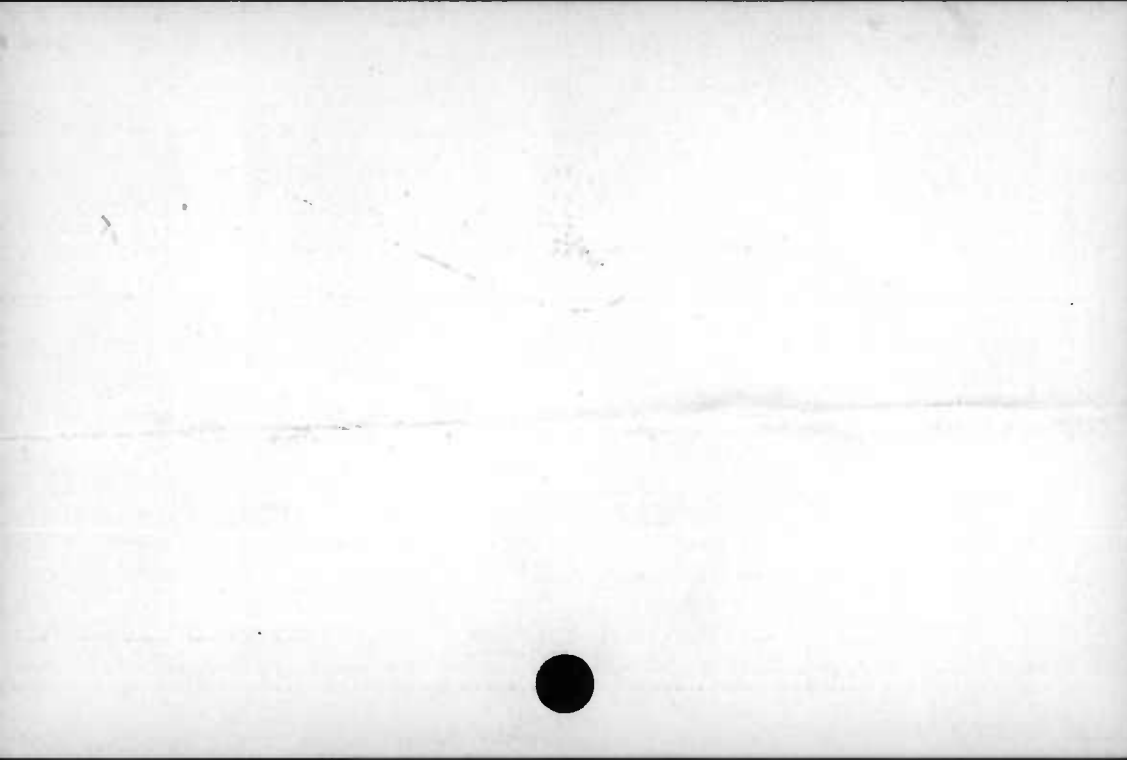
Died at <i>Hurlock Md</i>		County <i>Dor</i>		MARYLAND	
Date of death 19 <i>18</i>	Month <i>8</i>	Day <i>12</i>	Age <i>16</i>	Years <i>16</i>	Months <i>1</i>
Sex <i>female</i>	Color or Race <i>black</i>		Birth-place <i>Dor Co</i>		
Married, Single or Widowed			Occupation <i>servant</i>		
Name of Wife or Husband <i>none</i>					
Father's Name <i>Weldon Cornish</i>			Father's Birthplace <i>Dor Co</i>		
Mother's Maiden Name <i>Hestilla Coleman</i>			Mother's Birthplace <i>Dor Co</i>		
Name of person giving information <i>Jana Coleman</i>			How related to deceased <i>Grand mother</i>		

CAUSES OF DEATH

27

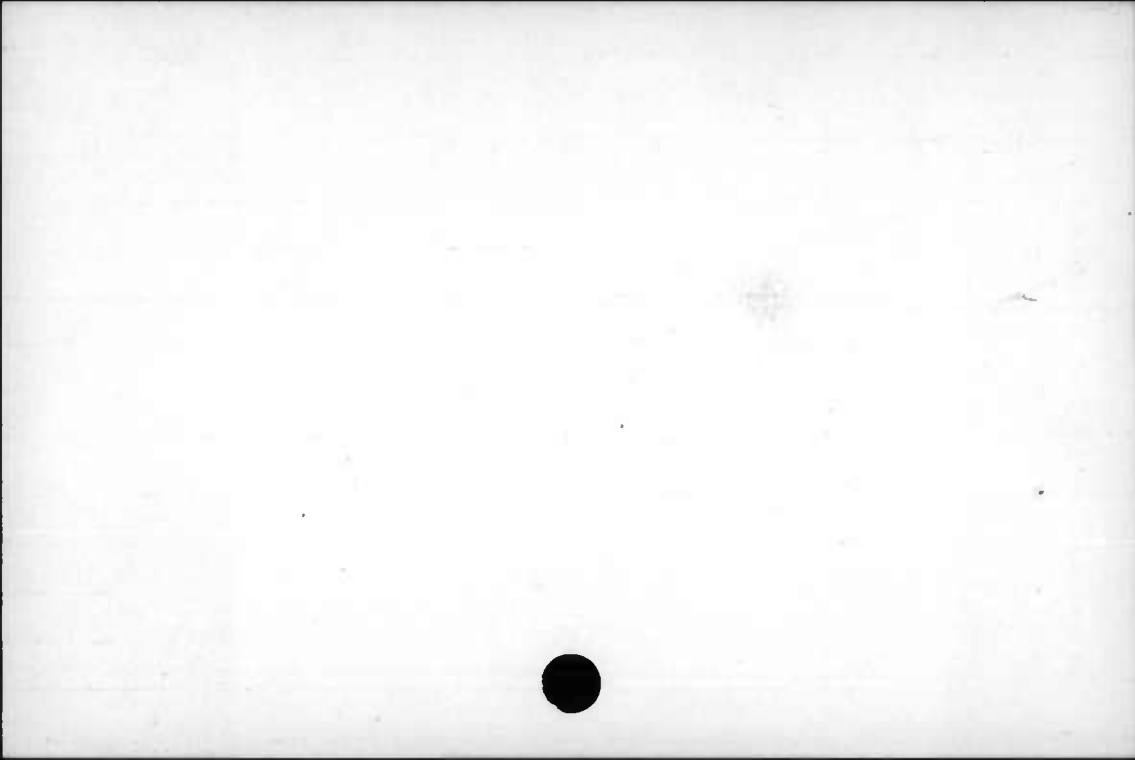
PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Tuberculosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Roger Myers</i>
	Address <i>Hurlock Md</i>
Accident or Suicide?	



Name in Full		Page H. Elliott				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Church Creek</i>		Town <i>Dorchester</i>		County		MARYLAND
	Date of death <i>1908</i>	Month <i>August</i>	Day <i>20th</i>	Age <i>51</i>	Years	Months	Days
	Sex <i>Male</i>	Color or Race <i>Col.</i>		Birth-place <i>Dor. Co. Md.</i>			
	Occupation <i>Farmer</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary C. Chase</i>					
	Father's Name <i>William G. Griffin</i>	Father's Birthplace <i>Dor. Co. Md.</i>					
	Mother's Maiden Name <i>Harriet A. Elliott</i>	Mother's Birthplace <i>Dor. Co. Md.</i>					
Name of person giving information <i>Mary C. Elliott</i>				How related to deceased <i>wife</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Chronic Interstitial nephritis</i>				How long <i>18 mos.</i>		
	Immediate <i>Mitral & Aortic insufficiency</i>				How long <i>2 to 3 mos.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>R. L. Litchman M.D.</i>		
					Address		
	Accident or Suicide?						

130



Name
in
Full

Hattie M. Ennals

CERTIFICATE OF DEATH

Died at *Christ Rock* ^{Town} *Cumby* ^{County} *Dorchester*

MARYLAND

Date of death *1908* ^{Month} *August* ^{Day} *16th* ^{Years} *28* ^{Months} *7* ^{Days} *15*

Sex *Female* Color or Race *Caucasia*

Birth-place

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

John H. Ennals

Father's Name

James H. Corriish

Father's Birthplace

Dorchester Co

Mother's Maiden Name

Ann M. Kiah

Mother's Birthplace

Dorchester Co

Name of person giving information

John H. Ennals

How related to deceased

Husband

CAUSES OF DEATH

93

Primary

Pneumonia

How long

10 days

Immediate

Heart Failure

How long

One hour

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

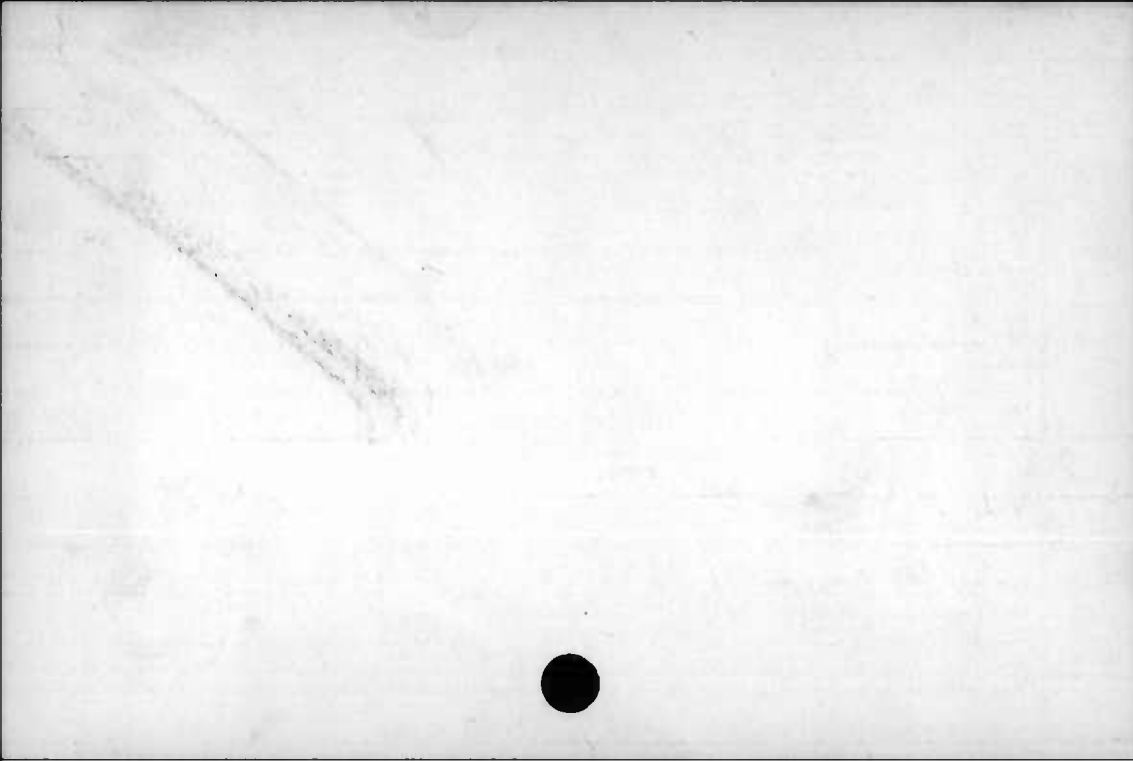
Address

*Victor C. Russell
Cumby, Md.*

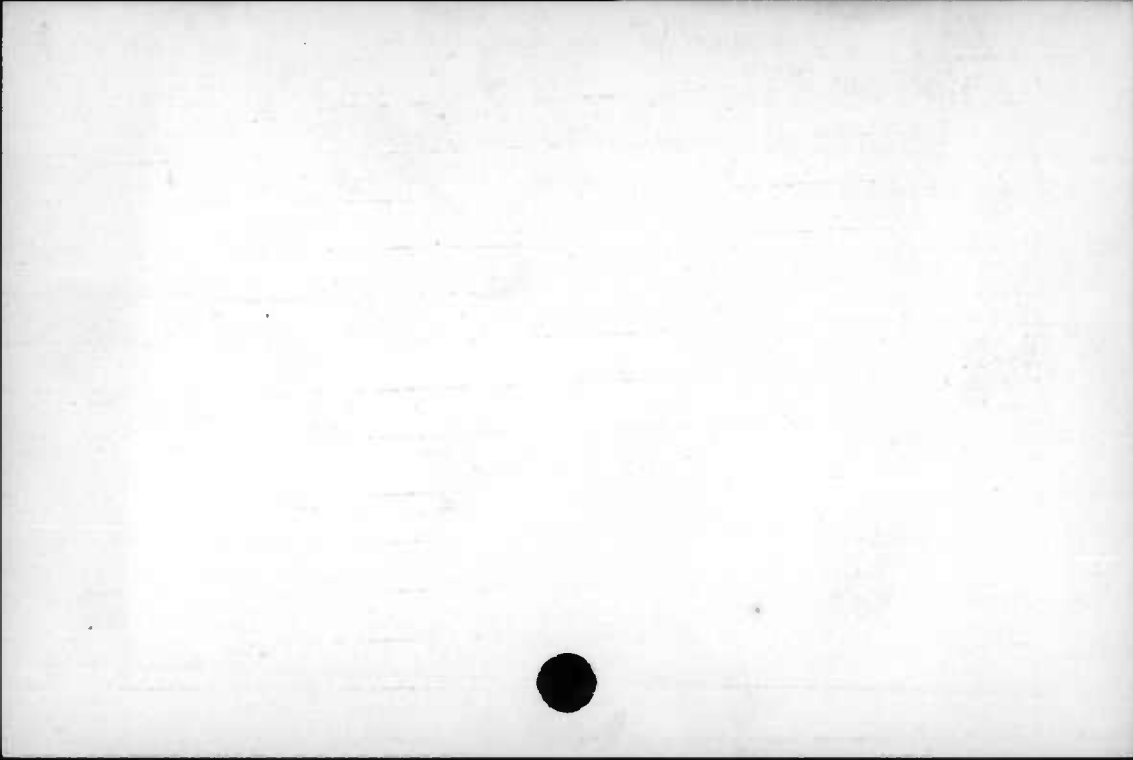
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		GEO. W. GUDON				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cambridge		Worcester		MARYLAND	
	Date of death	1908	Month Aug	Day 4	Age 64	Years 9	Days -
	Sex	Male		Color or Race	ch	Birth-place	Phila.
	Occupation	Rubber			Where Residing if not at place of death		
	Married, Single or Widowed	unmarried		Name of Wife or Husband Mary E. Reilly			
	Father's Name	Geo. Gudon				Father's Birthplace	Phila.
	Mother's Maiden Name	not known				Mother's Birthplace	
Name of person giving information	Miss Gudon				How related to deceased	Daughter	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(175)</div>							
PHYSICIAN OR CORONER	Primary	Plumaine Poison				How long	5 days
	Immediate	heart failure				How long	11 hours
	Are the name, age, sex, color, date and place correctly given above?		y/s		Signature of Physician		
					Address		
				Cambridge Md.			
		Accident or Suicide?					



Name
in
Full

Ella Harrington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

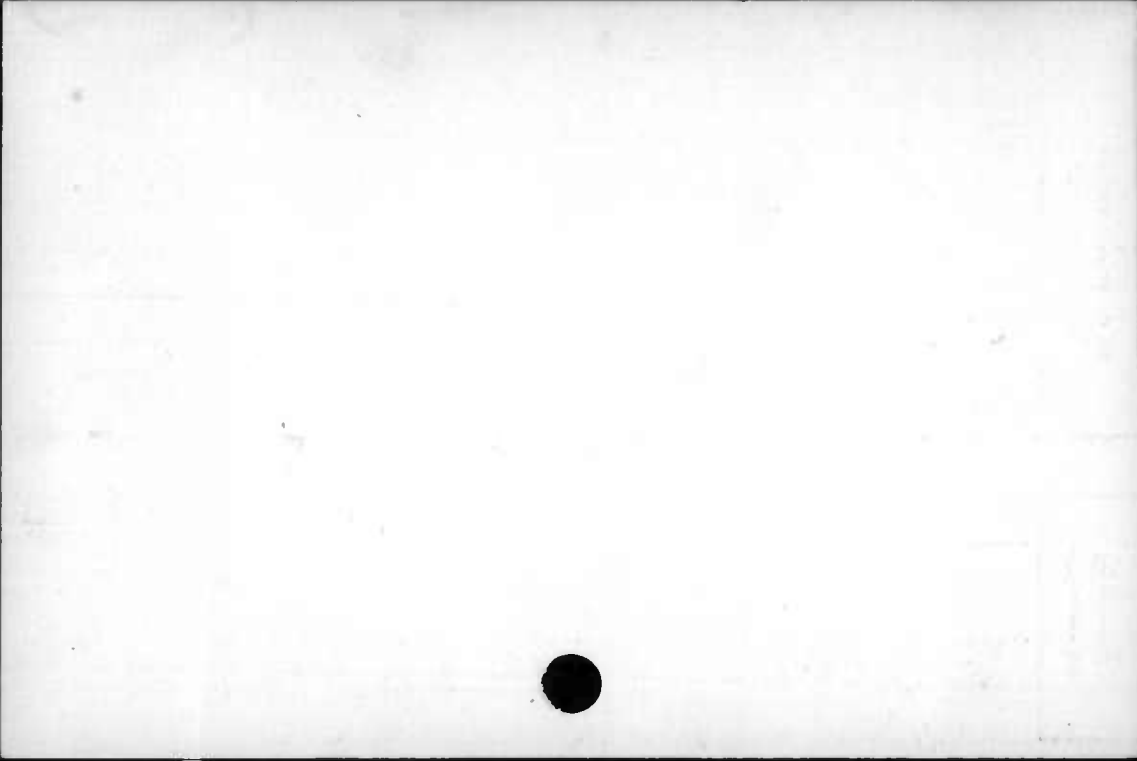
Died at		Town Madison		County Dorchester		MARYLAND	
Date of death		Month Aug.	Day 20	Years 49		Months	Days
Sex Female		Color or Race White		Birth- place Dor. Co. Md			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband William W. Harrington			
Father's Name		John R. Neila		Father's Birthplace		Dor. Co. Md	
Mother's Maiden Name		Hester Neila		Mother's Birthplace		Dor. Co. Md	
Name of person giving In formation		B. L. Smith		How related to deceased		Not at all	

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	About 3 weeks
Immediate	Blood Poison, Septic infection		How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician B. L. Smith M.D.	
			Address Madison, Md	
Accident or Suicide?				



Name
in
Full

Mrs. Lilly E. Hearn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge Dist		County Dorchester		MARYLAND	
Date of death		1908	Month Aug	Day 14 th	Age 38	Years 5	Months 14
Sex Female		Color or Race white		Birth- place Canada			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband George J. Hearn					
Father's Name Thomas P. Peters		Father's Birthplace England					
Mother's Maiden Name Sarah Brown		Mother's Birthplace Not Known					
Name of person giving Information George J. Hearn		How related to deceased Husband					

CAUSES OF DEATH

How long
5 weeks

How long
Short

PHYSICIAN
OR CORONERPrimary
Typhoid Fever

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. E. Wolff

Address

Cambridge, Md

Accident or Suicide?



Name
in
Full

William J. Hollis

CERTIFICATE OF DEATH

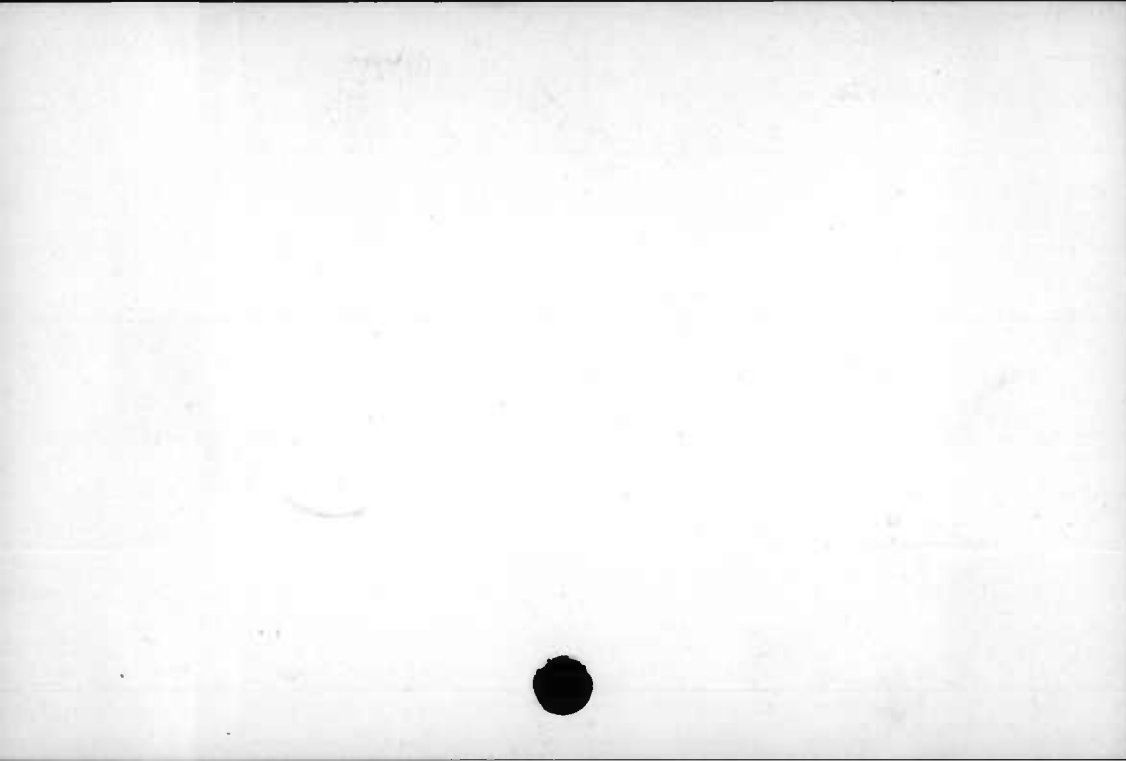
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumby</u> <small>Town</small>		<u>Inchester</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Aug</u> <small>Month</small>	<u>1</u> <small>Day</small>	Age <u>35</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>16</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>Col'd.</u>		Birth-place <u>Dr. C Md</u>		
Occupation <u>Salmon</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband				
Father's Name <u>Prin Hollis</u>	Father's Birthplace <u>Lor. C Md.</u>				
Mother's Maiden Name <u>Fizzie Coleman</u>	Mother's Birthplace <u>Dr. C Md</u>				
Name of person giving information <u>Fizzie Johnson</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>3 weeks</u>
Immediate <u>Perforation and Peritonitis</u>	How long <u>14 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wey Steth</u>
	Address <u>Cumby C Md.</u>
Accident or Suicide?	



Name
in
Full

Elizabeth E. Hooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

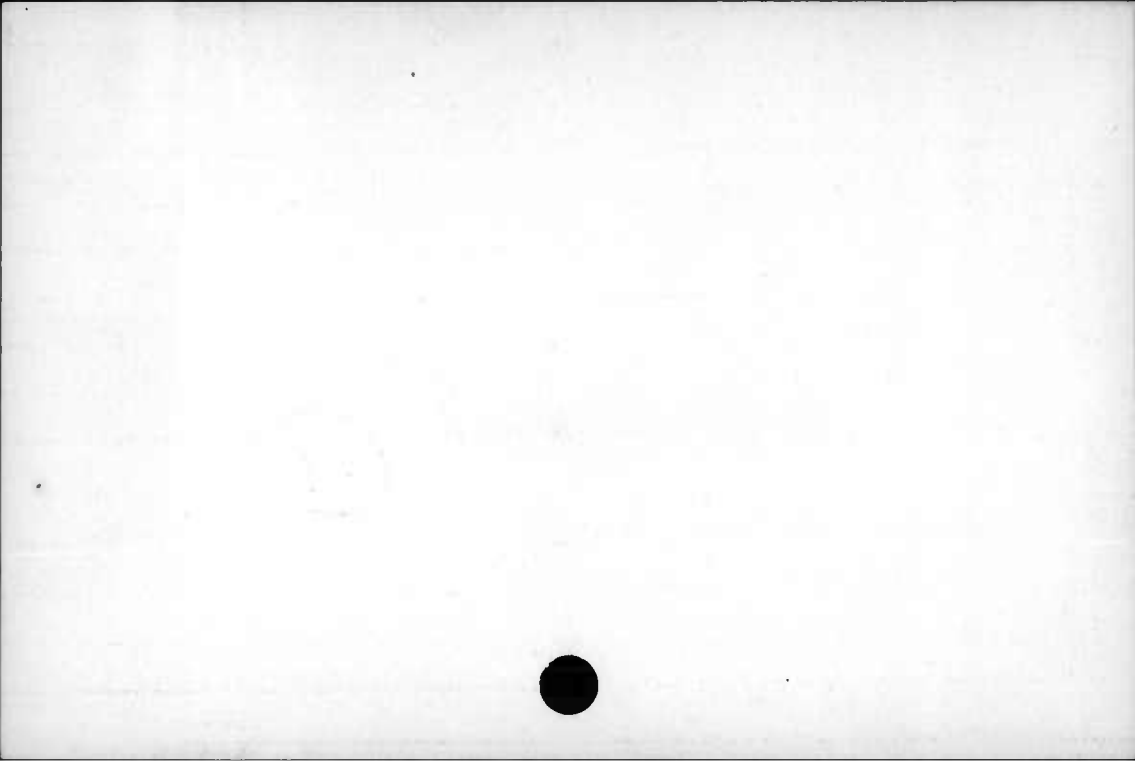
Died at <i>Fishing Creek</i> Town		<i>Don</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug</i>	Day <i>1</i>	Age <i>24</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Hoopersville</i>		
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>Fishing Creek</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alfred Meekins</i>				
Father's Name <i>Sam Hooper</i>	Father's Birthplace <i>Hoopersville</i>				
Mother's Maiden Name <i>Swain Meekins</i>	Mother's Birthplace <i>Hoopersville</i>				
Name of person giving information <i>M. T. Linnard</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary</i>	How long <i>8 months</i>
Immediate <i>tubercular tuberculosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Houston</i>
	Address <i>Fishing Creek</i> <i>not</i>
Accident or Suicide?	



Name
in
Full

Margaret- P Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

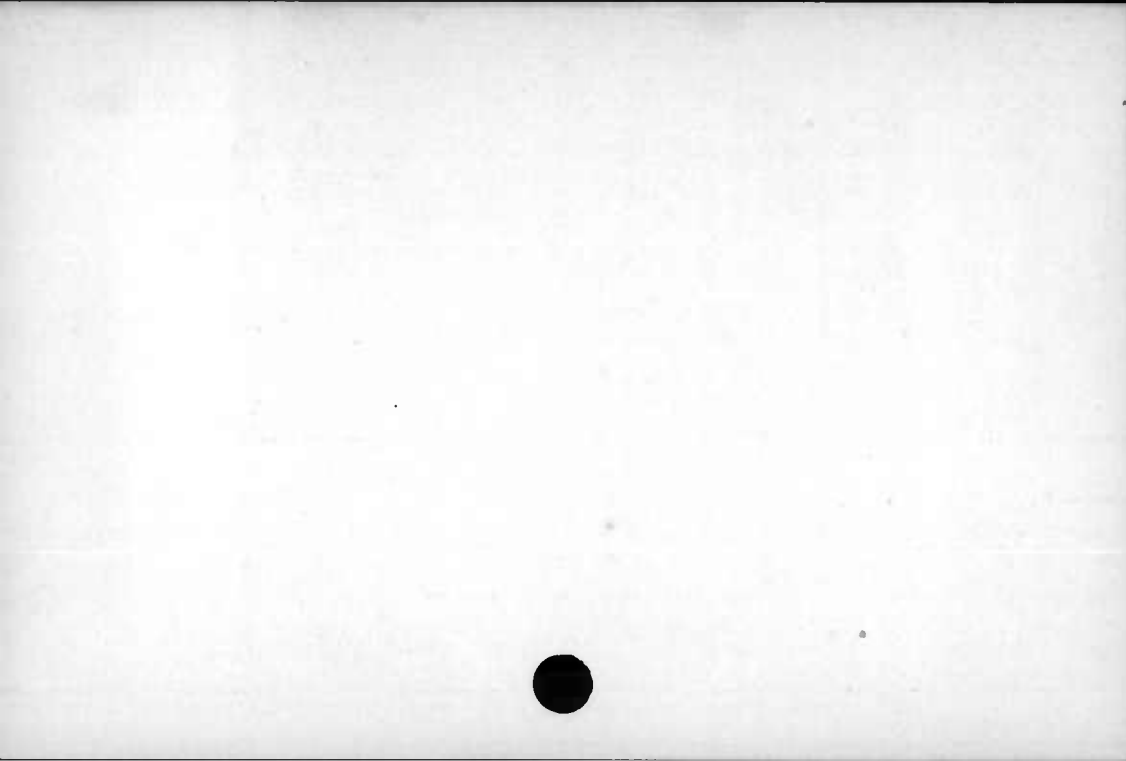
Died at <u>Cambadon</u> ^{Town}		<u>Dorchester Co</u> ^{County}		MARYLAND	
Date of death	1908	Month	Aug	Day	28
Age	63	Years		Months	10
Sex	Female	Color or Race	White	Birth-place	Churchmont
Occupation	House Wife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband <u>M. P. Hopkins</u>			
Father's Name	Samuel Chisholm	Father's Birthplace <u>Churchmont</u>			
Mother's Maiden Name	Margaret-Barnes	Mother's Birthplace <u>Chynoweth</u>			
Name of person giving information	M. P. Hopkins	How related to deceased <u>Husband</u>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Asthma & Valvular Heart Disease</u>	How long	<u>About a year</u>
Immediate	<u>Heart Failure</u>	How long	<u>A few minutes</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Dr. Goldborough</u>
		Address	<u>Cambadon</u>
Accident or Suicide?			



Name
in
Full

Charles H. C. Howorth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1908	Month Aug.	Day 13	Age	Years —	Months 1
Sex		Male		Color or Race		White	
Occupation		—		Birthplace		Maryland	
Where Residing if not at place of death		—		—		—	
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		Roland Howorth		Father's Birthplace		Maryland	
Mother's Maiden Name		Lula Short		Mother's Birthplace		—	
Name of person giving Information		Roland Howorth		How related to deceased		Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	Can't say as I saw child
Immediate	Exhaustion	How long	only once 2 weeks ago -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. E. Wolff
yes		Address	Cambridge, Md.
Accident or Suicide			



Name
in
Full

Olin Russell Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

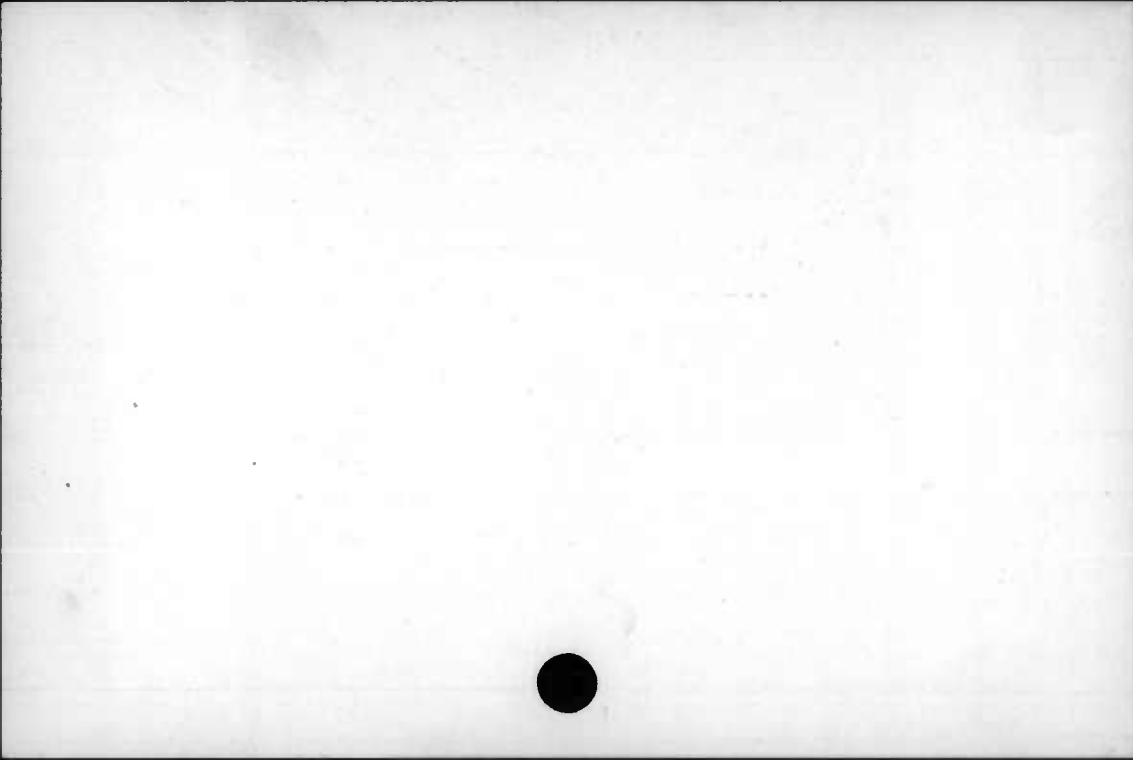
Died at <u>Cambridge</u> Town		County		MARYLAND	
Date of death	1908	Month	Aug	Day	2
Age	Years		Months	Days	
Sex	male	Color or Race	White	Birth-place	Ind
Occupation	Child		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Olin P. Hubbard		Father's Birthplace		
Mother's Maiden Name	Ella Burton		Mother's Birthplace		
Name of person giving information	Ella Hubbard		How related to deceased		
			mother		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	4 weeks
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. E. Loeff.	
		Address	
Accident or Suicide?			



Name
in
Full

Addeline Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Vienna ^{Town}		Dorchester ^{County}		MARYLAND	
Date of death		1908	Month	Aug	Day	18 th	Age
						Years	17
Sex		Female		Color or Race		Colored	
Birthplace		Vienna Md		Occupation		House ward	
Where Residing if not at place of death				Married, Single or Widowed		Single	
Name of Wife or Husband				Father's Name		Isaac Jackson	
Mother's Maiden Name		Mary E. Pinckett		Father's Birthplace		Vienna Md	
Name of person giving information		Isaac Jackson		Mother's Birthplace		Vienna Md	
				How related to deceased		Father	

CAUSES OF DEATH

Primary	Enteric Fever	How long	17 days.
Immediate	Intestinal Hemorrhage	How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		D. H. Black	
		Address	
		Vienna Md	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

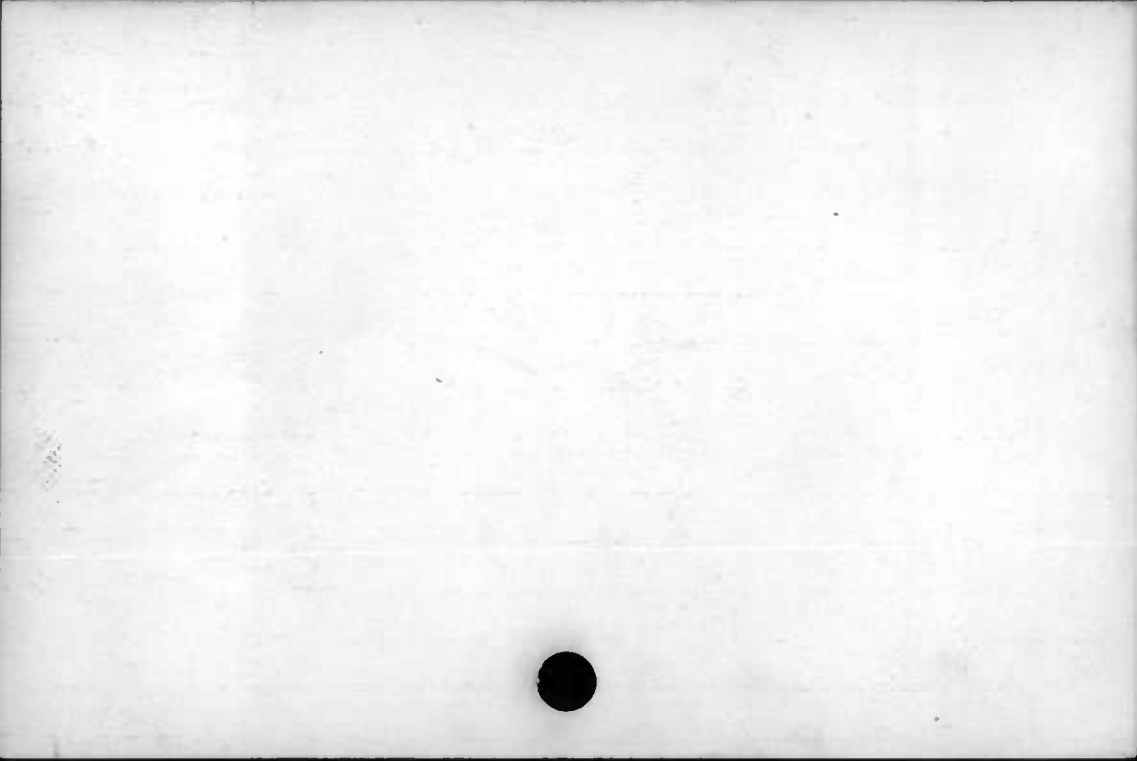
Died at <i>Galveston</i>		County <i>Dorchester</i>					
Date of death	1908	Month <i>Aug</i>	Day <i>17</i>	Age <i>6</i>	Years	Months	Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Co</i>				
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Thomas G Jones</i>		Father's Birthplace <i>Dorchester Co</i>					
Mother's Maiden Name <i>Lillie A Wheaton</i>		Mother's Birthplace					
Name of person giving information <i>Thomas G Jones</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>all life</i>
Immediate <i>Tubercular Adenitis (pharynx?)</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. N. Cassaday</i>
	Address <i>Sharplow</i>
	<i>Ind.</i>
Accident or Suicide?	



Name
in
Full

Harry Herbert Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

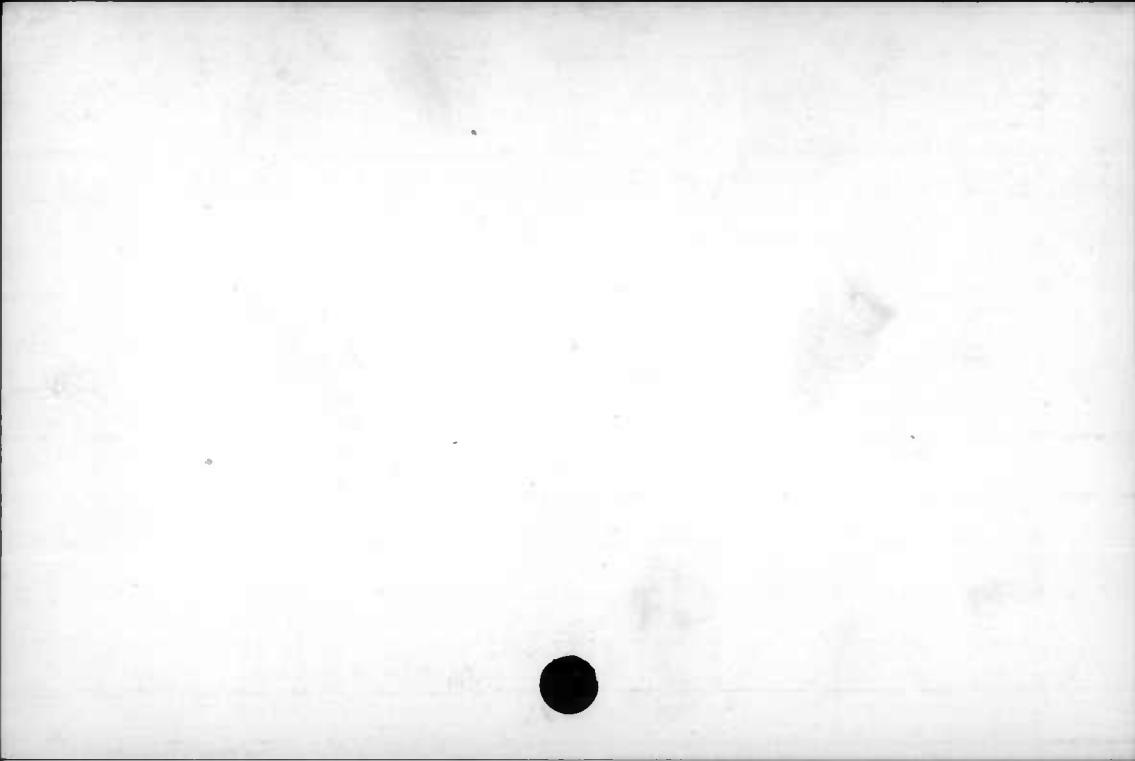
Died at <u>Salistown</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	1908	Month	Aug	Day	18
		Years	2	Months	18
		Days	17		
Sex	Male		Color or Race	White	
Birth-place	Helmington, Md.				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	H. Edward Lane			Father's Birthplace	Caroline Co. Md.
Mother's Maiden Name	Ida Rebecca Wallace			Mother's Birthplace	Dor Co. Md.
Name of person giving information	Father of Child			How related to deceased	Father

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	<u>Dysphuria</u>	How long	<u>4 days</u>
Immediate	<u>Heart Failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>D. C. R. Osler</u>
		Address	<u>Salistown Md.</u>
Accident or Suicide?			



Name
in
Full

Marta E. Jarvis

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Williamsburg ^{County} MechanicsDate of death 1908 ^{Month} Aug ^{Day} 2 ^{Age} 54 ^{Years} ^{Months} ^{Days}Sex Female ^{Color or Race} white ^{Birth-place} Dr. Co.Occupation Housewife ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband} Union Sumnerfield JarvisFather's Name Eliska Phillips ^{Father's Birthplace} Rochester Co MdMother's Name Salitha Phillips ^{Mother's Birthplace} Rochester Co MdName of person giving information ^{How related to deceased}

CAUSES OF DEATH

40

Primary Cancer of stomach ^{How long} 1 1/2 yrs 6 mos ^{How long}

Immediate

Are the name, age, sex, color, date and place correctly given above?

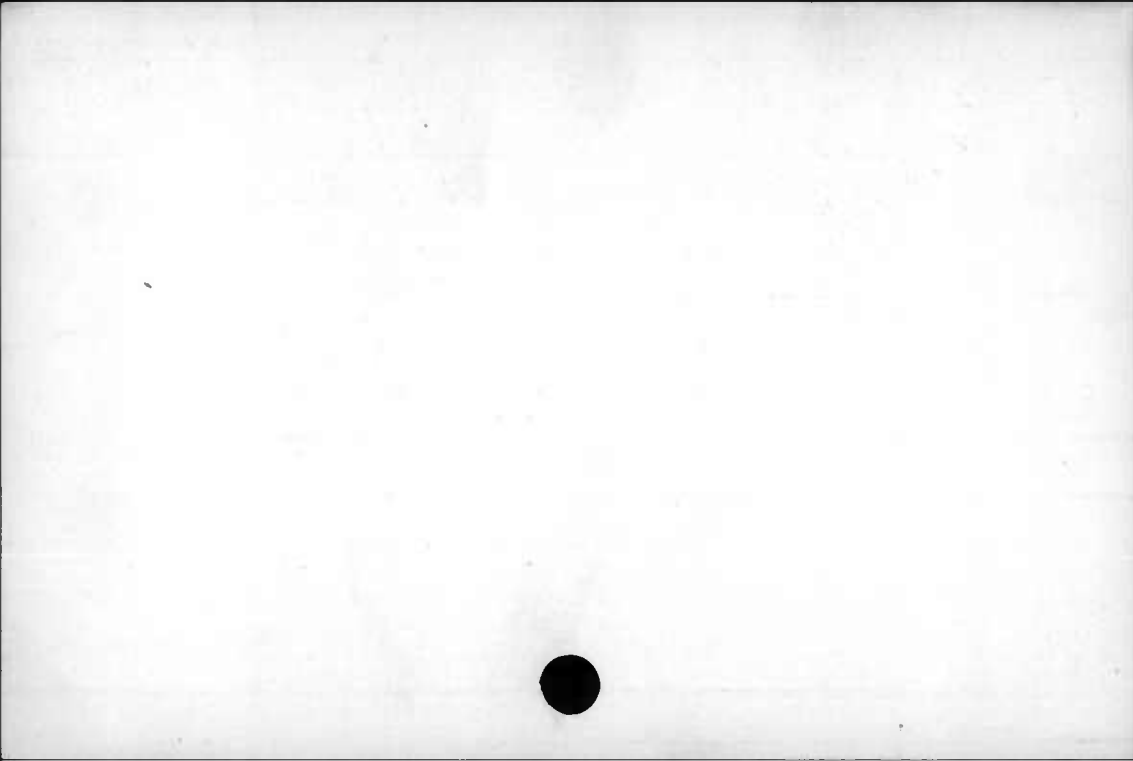
Signature of Physician

Address

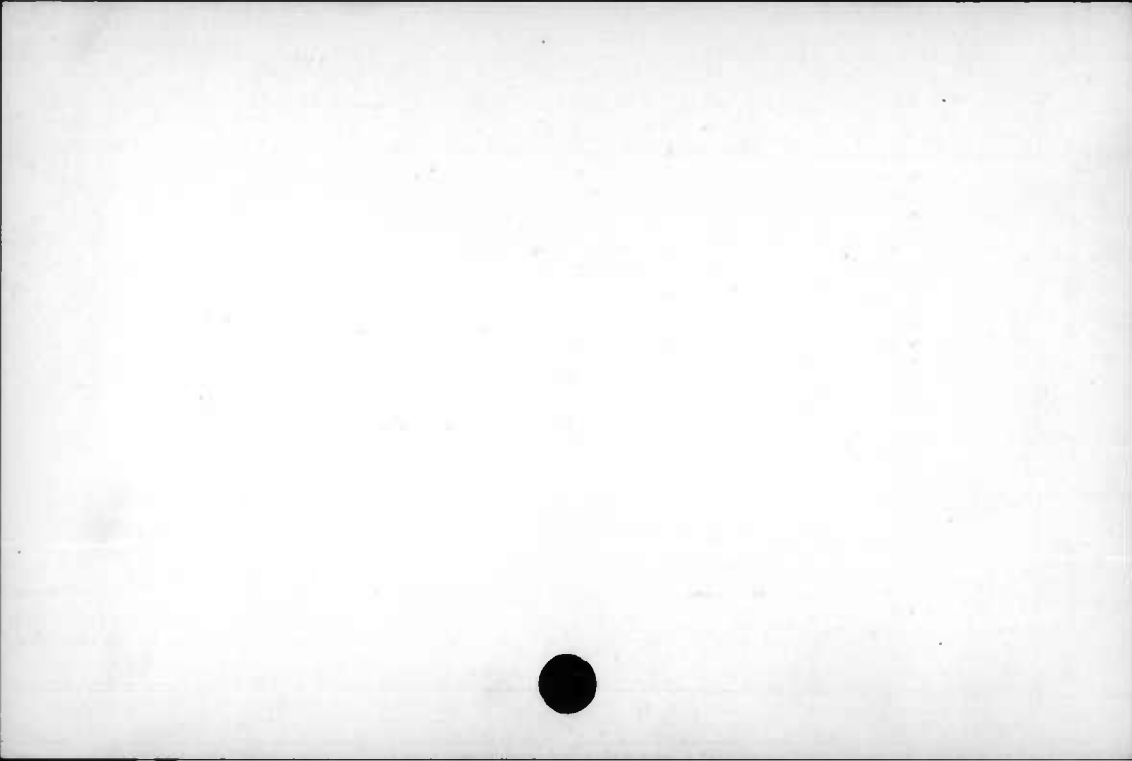
J. E. Noble M.D.
Proctor Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		MARGARET MARSHALL				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND
	Date of death		1908	Month Aug.	Day 7	Age 68	Years 11
	Sex Female		Color or Race White		Birth-place Maryland		
	Occupation Housewife		Where Residing if not at place of death Cambridge				
	Married, Single or Widowed Widow		Name of Wife or Husband Robert S. Marshall				
	Father's Name John Elliott		Father's Birthplace Maryland				
	Mother's Maiden Name Marshall		Mother's Birthplace Unknown				
	Name of person giving information Charles Marshall		How related to deceased Son				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">29</div>							
PHYSICIAN OR CORONER	Primary		Intestinal Tuberculosis			How long from onset	
	Immediate		Gradual Exhaustion			How long in bed	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician F. J. Smith		
					Address Cambridge, Md.		
Accident or Suicide?							



Name
in
Full

Luther J. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1908	Month Aug.	Day 12	Age —	Years —	Months 10
Sex Male		Color or Race White		Birth- place Delaware		Days —	
Occupation —				Where Residing if not at place of death Wilmington Del.			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Howard W. Mills		Father's Birthplace Maryland					
Mother's Maiden Name Mary E. Lewis		Mother's Birthplace "					
Name of person giving Information Mary E. Mills		How related to deceased Mother					

CAUSES OF DEATH

105

Primary	Cholera Infantum	How long	4 weeks
Immediate	Exhaustion	How long	4 hours

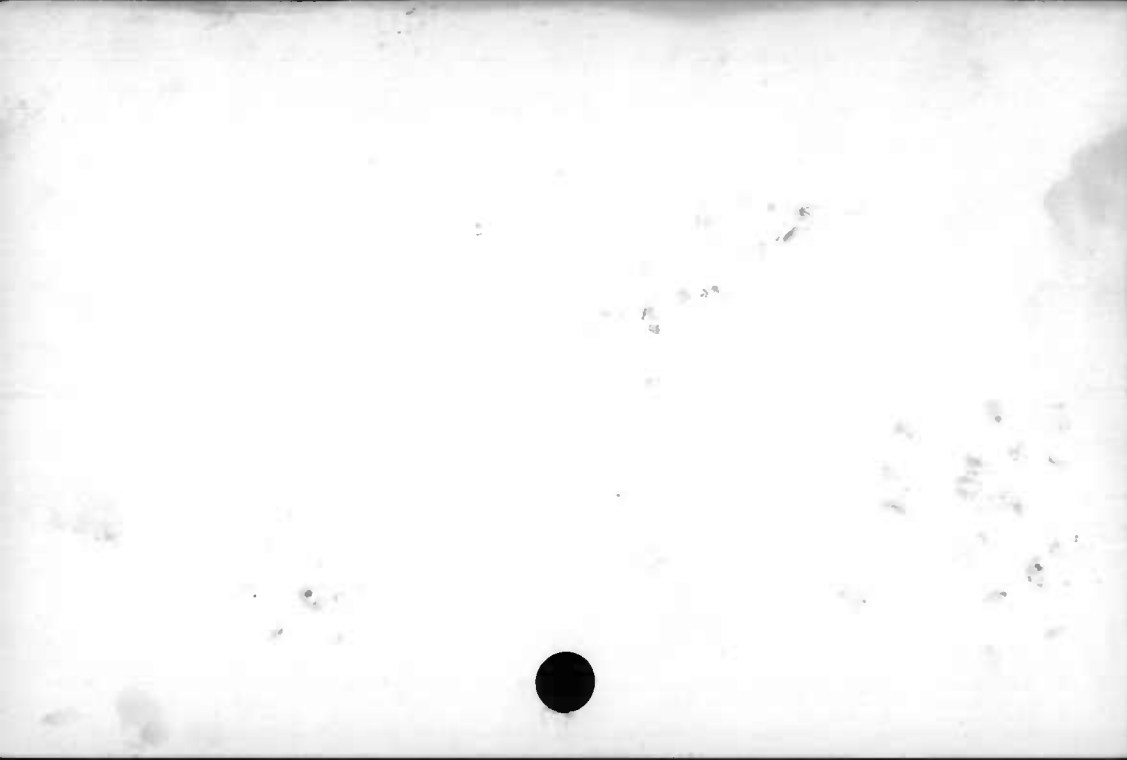
Are the name, age, sex, color, data
and place correctly given above? *yes*Signature of
Physician

Address

E. E. Wolff
Cambridge, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Russell A. Moore,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bishops Head</u>		Town <u>Dorchester</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>August</u>	Day <u>31st</u>	Age <u>20</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>				
Occupation <u>Cyclist</u>			Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband					
Father's Name <u>Alfred U. Moore</u>			Father's Birthplace <u>Dorchester Co Md</u>				
Mother's Maiden Name <u>Angie B. Murphy</u>			Mother's Birthplace <u>Dorchester Co. Md</u>				
Name of person giving information <u>Alfred U. Moore</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>12 days</u>
Immediate <u>Intestinal Hemorrhage</u>	How long <u>15 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Percy Stansbury</u>
	Address <u>Crops.</u>
	<u>Dorchester Co. Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

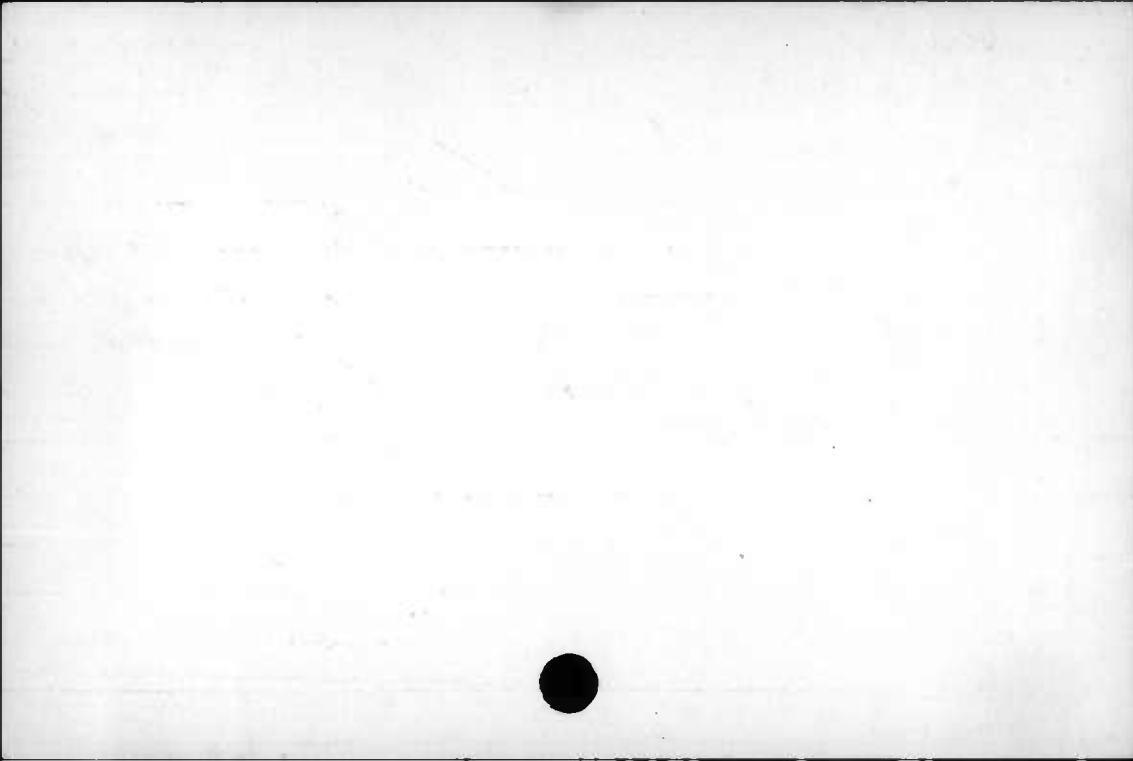
Name in Full <i>infant Parks</i>		Town <i>Hoopersville</i>		County <i>Don</i>		MARYLAND	
Died at <i>Hoopersville</i>							
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>21</i>		Age <i>18</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hoopersville</i>			
Occupation <i></i>				Where Residing if not at place of death <i>Hoopersville</i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Do Not Know</i>				Father's Birthplace <i>Born</i>			
Mother's Maiden Name <i>Altamir Parks</i>				Mother's Birthplace <i>Hoopersville</i>			
Name of person giving information <i>W H Houston</i>				How related to deceased <i>son</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Insurrection</i>		How long <i></i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W H Houston md</i>	
		Address <i>Arising Creek</i>	
Accident or Suicide? <i></i>			



Name
in
Full

Annie Pasternach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cambridge* ^{Town}*Dorchester* ^{County}Date of death *1908 Aug-* ^{Month}*29* ^{Day}Age *—* ^{Years}Months *—**6* ^{Days}Sex *Female*Color or Race *Bohemian*Birth-place *Ind.*Occupation *clerk*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

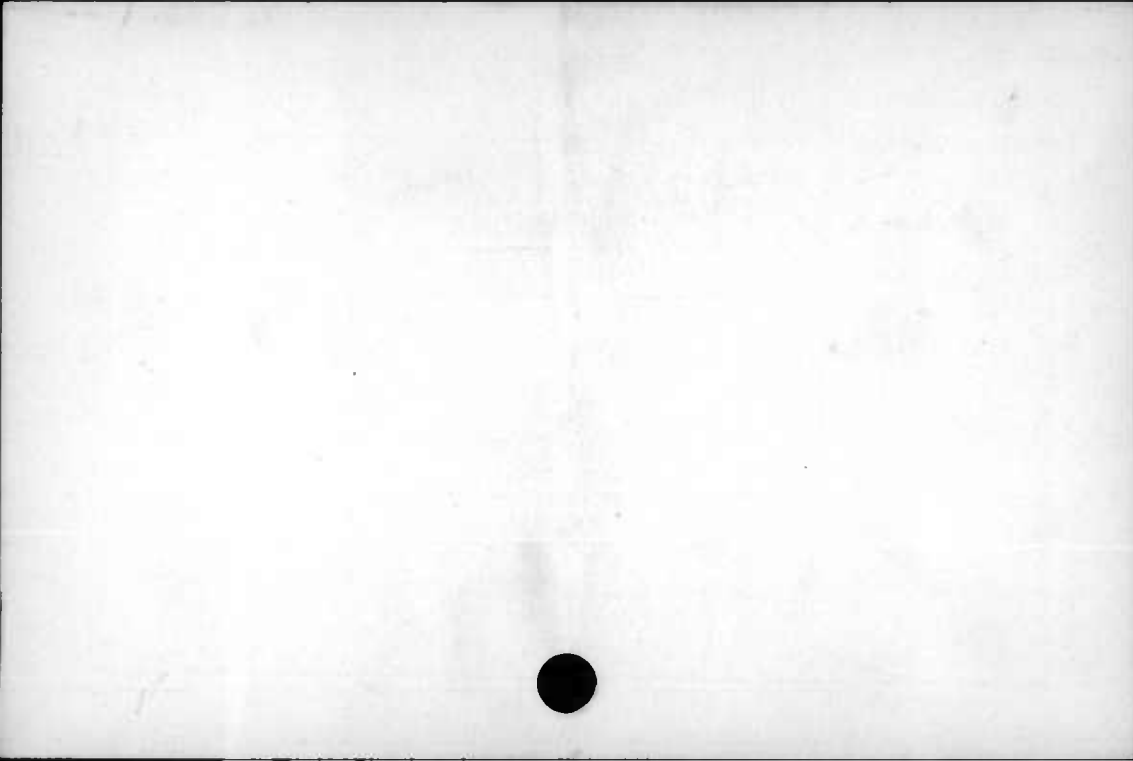
Father's Name *Nicholi Pasternach*Father's Birthplace *Austria*Mother's Maiden Name *Morie Sarrabach*Mother's Birthplace *Austria*Name of person giving information *Nicholi Pasternach*How related to deceased *Father*

CAUSES OF DEATH

105Primary *Euton-colitis**This is from the history, as I only saw child after it was dead.*How long *3 or 4 days*Immediate *Heart Failure*How long *short*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *E. E. W. Jeff*Address *Cambridge, Ind.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Margaret Phelan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Secretary

County Dor

Date of death 1908

Month 8

Day 31

Age

Years 33

Months 11

Days 29

Sex female

Color or Race white

Birth-place

Jersey City

Occupation

Housekeeper

Where Residing if not at place of death

Married, Single or Widowed

single

Name of Wife or Husband

none

Father's Name

John Phelan

Father's Birthplace

Belfast, Ireland

Mother's Maiden Name

Mary A. Phelan Grinnell

Mother's Birthplace

Dublin, Ireland

Name of person giving information

Miss Ella Phelan

How related to deceased

sister

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

La Grippe & Tuberculosis

How long

2 mos

Immediate

Tuberculosis

How long

6 mos

Are the name, age, sex, color, date and place correctly given above?

yes

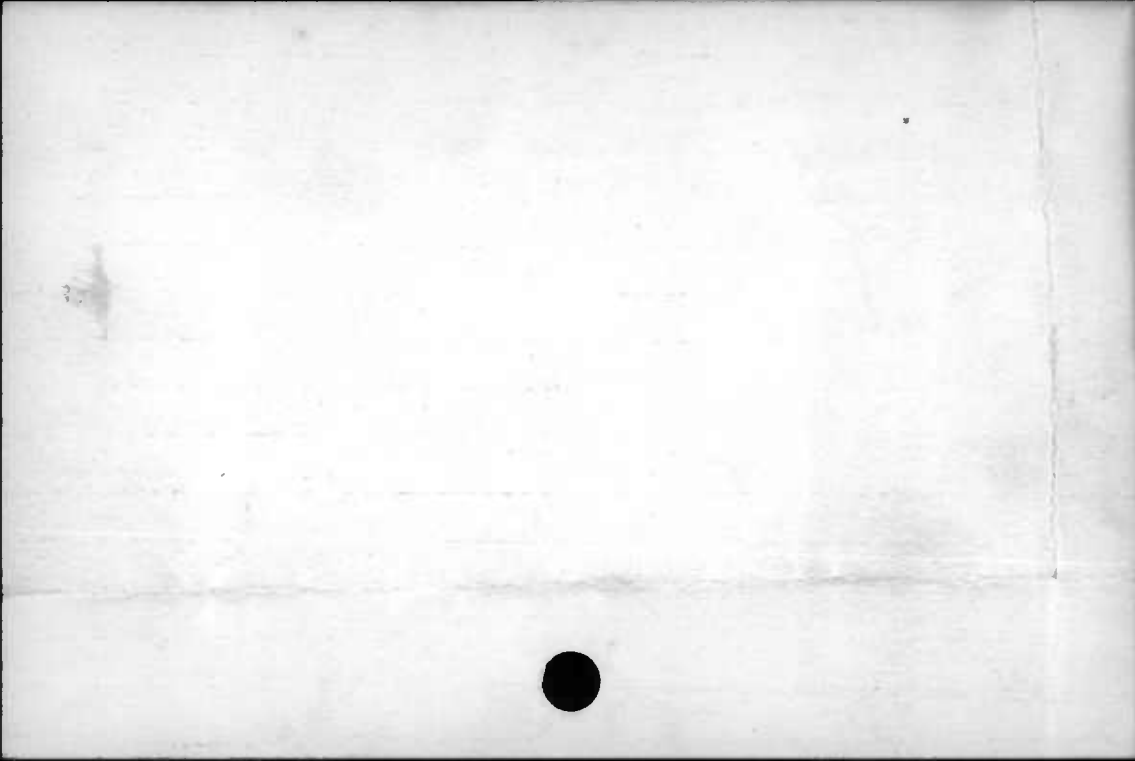
Signature of Physician

E. Royen Meyer

Address

Hurler's Hall

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Harry Piacorra

Town

County

MARYLAND

Died at *Lanham*

Dorchester

Date

Month

Day

Years

Months

Days

of death

1908 August

17

Age

—

10

—

Sex

Male

Color or
Race

white

Birth-
place

Baltimore Md.

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

Name of Wife or
Husband

—

Father's
Name

James Piacorra

Father's
Birthplace

Poland.

Mother's
Maiden Name

Alexandra Wernitz

Mother's
Birthplace

Poland.

Name of person giving
Information

Father

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

cholera infantum

How long

4 days

Immediate

Aschem

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Mortimer W. Johnson

Address

Lanham Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full *Ruth Plummer.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

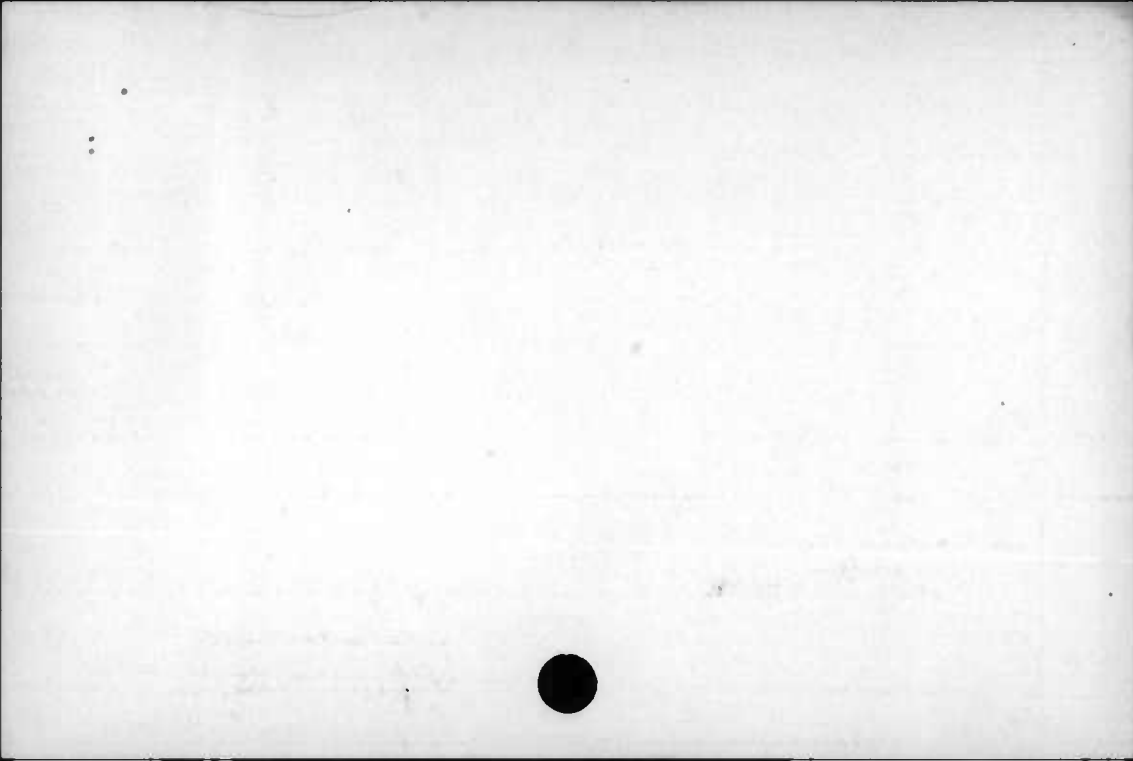
Died at <i>Brookview.</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Aug</i> <small>Month</small>	<i>7th</i> <small>Day</small>	Age <i>-</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Super.</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>William Plummer.</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Emma Willen.</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Napoleon Willen.</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Murder.</i>	How long <i>7 months</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. H. Blank.</i>
	Address <i>Vienna Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Nelson Eccles Rickwood*

Died at *East New Market* *Rochester* *MARYLAND*

Date of death *1908* *August* *12* Age *—* Months *—* Days *4 hours*

Sex *Male* Color or Race *White* Birth-place *East New Market*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *William Alfred Rickwood* Father's Birthplace *England*

Mother's Maiden Name *Ruby Anna Gosling* Mother's Birthplace *East New Market*

Name of person giving Information *William Stedman* How related to deceased *Father's guardian*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Can't say*

" *179*

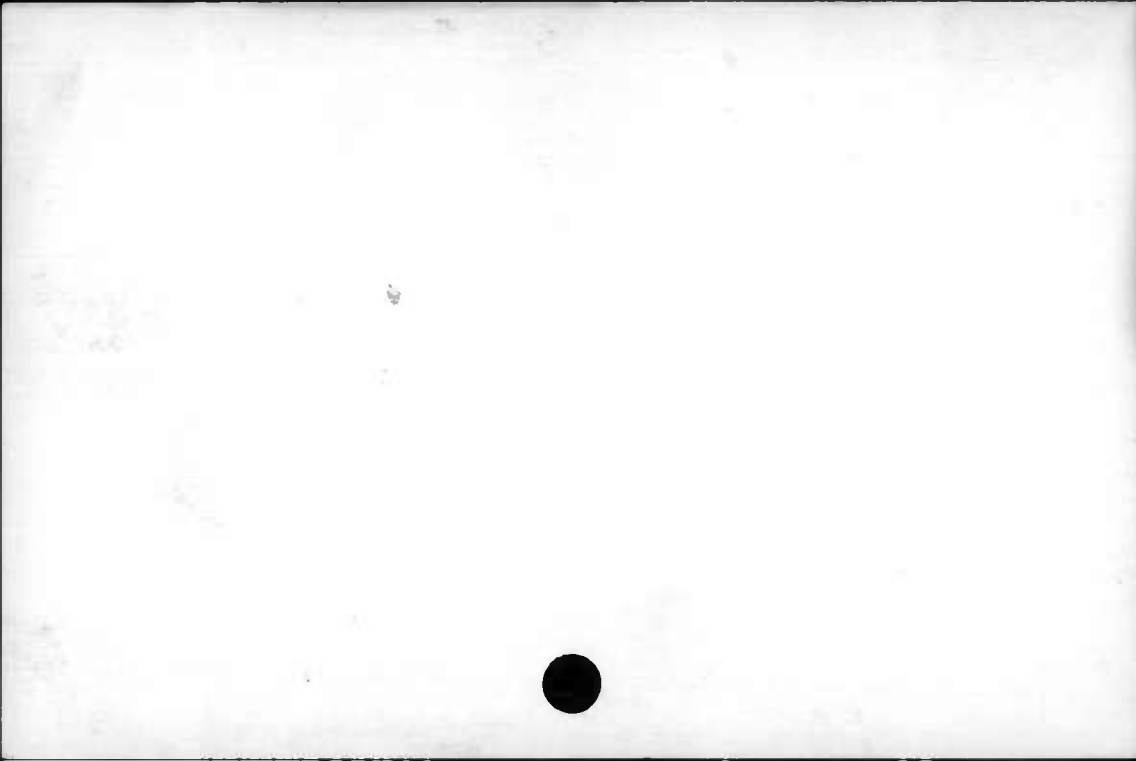
Immediate *Unknown*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Hand sign*

Address *Wm L. Abdell*

Accident or Suicide *Sub Registrar E. N. Market*



Name
in
Full

Eva S Sharp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

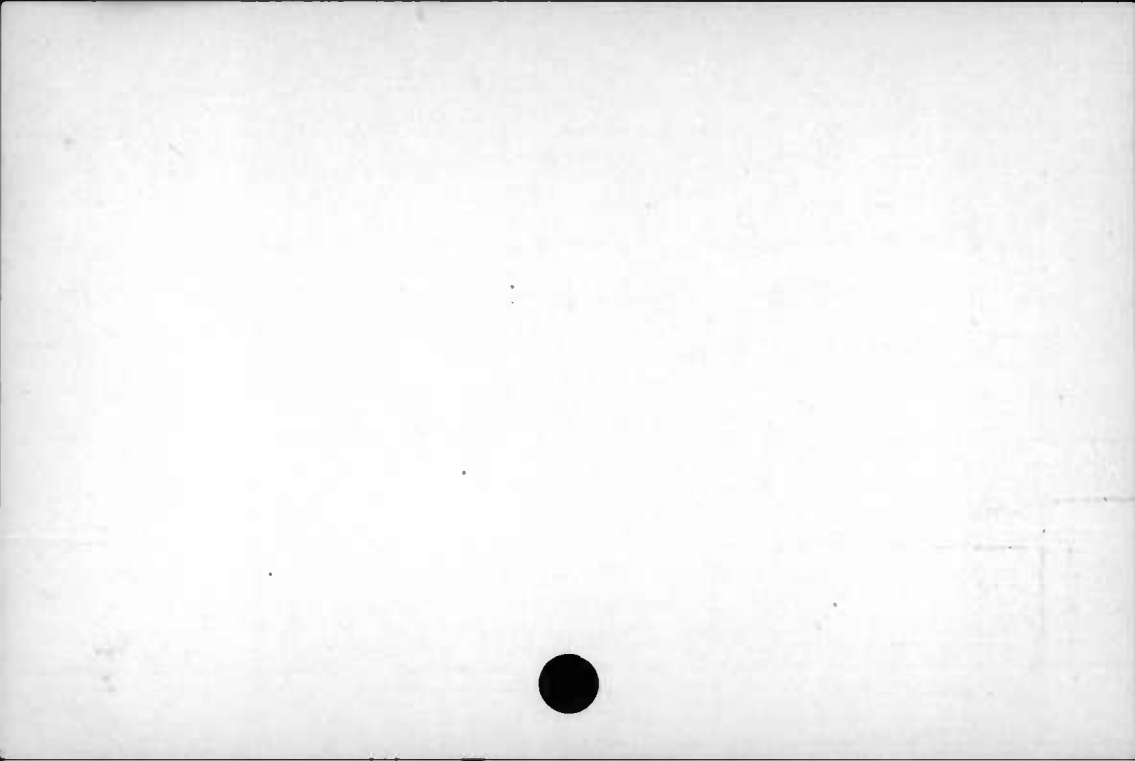
Died at		Cambridge		County		Dorchester		State		Maryland	
Date of death		1908		Month		Aug		Day		10	
Age		1		Years				Months		3	
Sex		Female		Color or Race		Black		Birth-place		Cambridge	
Occupation		Baby		Where Residing if not at place of death		Cambridge					
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Richard T Sharp		Father's Birthplace		Cambridge					
Mother's Maiden Name		May E Roberts		Mother's Birthplace		Cambridge					
Name of person giving information		Richard T Sharp		How related to deceased		Father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary		Summer cornplant		How long		3 days	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		No Physician	
				Address		Clement Sullivan	
Accident or Suicide?						Justice of the Peace & Sub-Registrar	

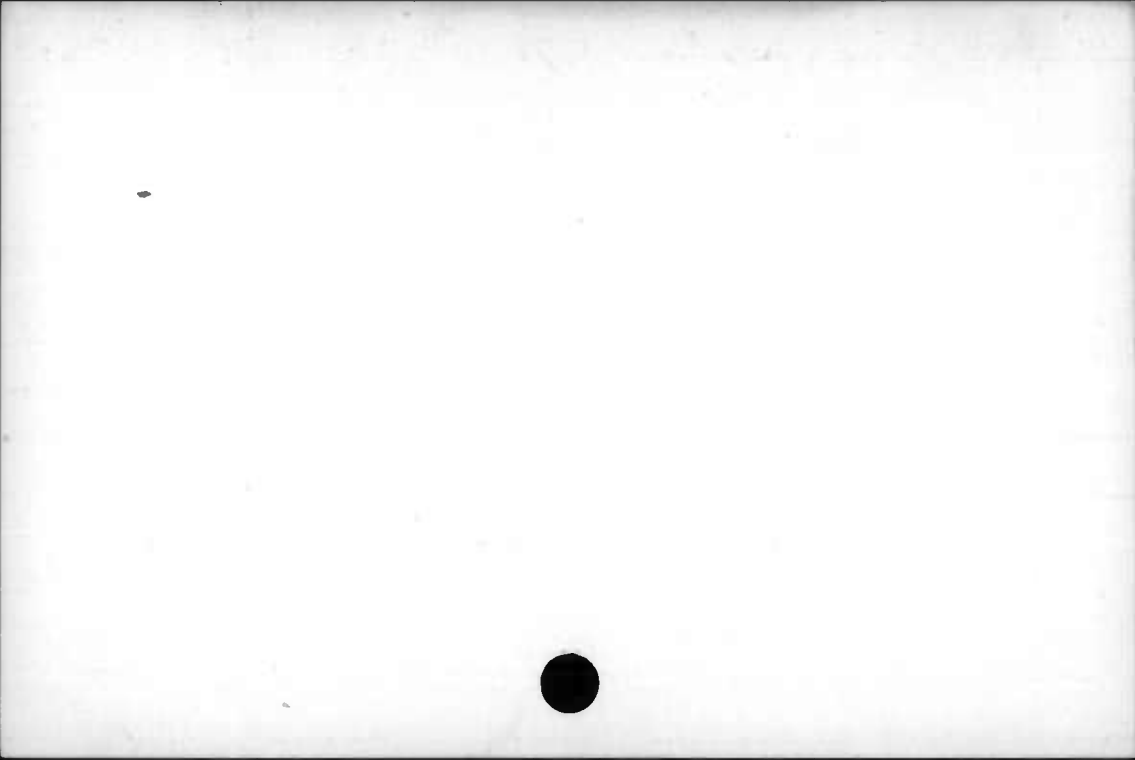


Name in Full Elizabeth T. Thomas		CERTIFICATE OF DEATH	
Died at Hudson <small>Town</small>		Barchester <small>County</small>	
Date of death 1908 Aug 27		Age — Years — Months 7 Days	
Sex Female	Color or Race White	Birth-place Hudson	
Occupation Infant		Where Residing if not at place of death	
Married, Single or Widowed Single	Name of Wife or Husband none		
Father's Name Thomas E. Thomas	Father's Birthplace Hudson Ind		
Mother's Maiden Name Lida L. Thom	Mother's Birthplace Boeh. Ind		
Name of person giving Information T. E. Thomas	How related to deceased Father		
CAUSES OF DEATH			
Primary jaundice	How long 5 days		
Immediate	How long		
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician S. A. Stokes		
	Address Carmersville Ind		
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

151



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Terrie Travers

Died at Fishing Creek TownDon County

MARYLAND

Date of death 1908 aug Month20 DayAge 79 Years9 Months19 DaysSex femaleColor or Race WhiteBirth-place Fishing CreekOccupation House KeeperWhere Residing if not at place of death Fishing CreekMarried, Single or Widowed widowName of Wife or Husband Henry C Woodland DecFather's Name Mattie TraversFather's Birthplace Fishing CreekMother's Maiden Name MaryMother's Birthplace DelawareName of person giving information H C WoodlandHow related to deceased Son

CAUSES OF DEATH

79

Primary Heart troubleHow long Died at once

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W H Hounston, md

Address

Fishing Creek
md

Accident or Suicide?



Name
in
Full

Warfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Thomas <small>Town</small>		6 <small>County</small>		MARYLAND	
Date of death 1908	Aug <small>Month</small>	14 <small>Day</small>	0 <small>Years</small>	0 <small>Months</small>	7 <small>Days</small>
Sex	White <small>Color or Race</small>		Thomas <small>Birth-place</small>		
infant <small>Occupation</small>		— <small>Where Residing if not at place of death</small>			
Married, Single or Widowed	single	none <small>Name of Wife or Husband</small>			
Geo C. Warfield <small>Father's Name</small>			Thomas Md <small>Father's Birthplace</small>		
Marshall <small>Mother's Maiden Name</small>			Thomas Md <small>Mother's Birthplace</small>		
— <small>Name of person giving information</small>			— <small>How related to deceased</small>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Meningeal haemorrhage	3 days <small>How long</small>
Immediate		— <small>How long</small>
yes <small>Are the name, age, sex, color, date and place correctly given above?</small>		S A Stokes <small>Signature of Physician</small>
		Camersville <small>Address</small>
— <small>Accident or Suicide?</small>		Md

(12)

